25.F5

Digitized by the Internet Archive
in 2010 with funding from
Open Knowledge Commons and Harvard Medical School

http://www.archive.org/details/treatiseonepidem00gord

A TREATISE

ON THE

EPIDEMIC PUERPERAL FEVER

OF

ABERDEEN.

BY

ALEXANDER GORDON, M. D.

PHYSICIAN TO THE DISPENSARY.

LONDON:

PRINTED FOR G. G. AND J. ROBINSON,

PATERNOSTER ROW.

1795.

TO

DR. THOMAS DENMAN,

THE FOLLOWING

TREATISE

IS INSCRIBED, AS A

SMALL TOKEN OF RESPECT,

BY HIS

AFFECTIONATE FRIEND,

ALEXANDER GORDON.

PREFACE.

THE deſign of the following Treatiſe is, to inveſtigate the cauſe, aſcertain the nature, and eſtabliſh the treatment of a diſeaſe, which has, hitherto, been the ſubject of great diſpute among medical practitioners. For though many eminent phyſicians have publiſhed their obſervations upon it, yet their labours have not been attended with great ſucceſs; ſo that what a celebrated author ſays of the Dyſentery is very applicable to the Puerperal or Child-bed Fever; viz. "that the pen of "writers has done little more than record "the times and places when and where it "proved moſt fatal; the appearances it put "on; its ſymptoms; its devaſtation; and "a variety of modes of treatment, that "had no certain ſucceſs."

The mortality, attending the Puerperal

Fever, is truly lamentable. In the year 1750, at Paris, none, who were ſeized with it, recovered. In one hoſpital in London, in the ſpace of two months, thirty-two patients were affected with the diſeaſe, and all, except one, fell victims to it. In another hoſpital, nineteen were ſeized with it, during the epidemic ſeaſon, thirteen of whom died. In the lying-in ward at Edinburgh, all, who were attacked with it, in the epidemic ſeaſon, died.

A profeſſor of midwifery, in the univerſity of Edinburgh, declared the Puerperal Fever to be incurable; and another profeſſor, in the ſame univerſity, concludes his obſervations upon it with the following words: "From the above caſes, and from "all that has been yet written upon this "ſubject, we may with great truth con-"clude, that we know little of the nature "and ſtill leſs of the cure of the Puerperal "Fever."

In this ſtate of matters, it is certainly the duty of every practitioner, who has been ſucceſsful

ſucceſsful in treating the diſeaſe, to publiſh his obſervations. And, as an extenſive practice has enabled me to make ſome important obſervations on the Puerperal Fever, I ſhall make no apology for laying them before the public. On the contrary, I think it incumbent on me to make an apology for not diſcharging this duty ſooner.

The delay was occaſioned, partly by the laborious duties of my public office, but eſpecially, by a complication of domeſtic calamities.

The obſervations, which I have to offer, are of the utmoſt importance to ſociety, and I am only diffident of my ability to expreſs them in the manner they deſerve. I have, however, made an attempt, which, I hope, will meet with a favourable reception from the public; eſpecially, as I have advanced no opinion that is not an obvious concluſion, immediately reſulting from facts, and as all the facts may be depended on.

Copious bleeding, which was found ſo efficacious in curing the diſeaſe, has been recommended both by Dr. Leake and Dr. Denman; but the former has recommended large and practiſed ſmall bleedings; and, though the latter has recommended large bleeding, yet he has left the quantity undetermined. This defect is ſupplied in the following work; for I have both limited the quantity of blood neceſſary to be taken away, and fixed the time when the taking away of that quantity will certainly cure.

To the Treatiſe I have added an Appendix, in which I have been led to examine the opinions of ſome of the beſt writers on the Puerperal Fever. This, notwithſtanding its tendency to involve me in controverſy, which I very much diſlike, could not well be avoided, becauſe, without it, the work would have been defective. For, in it, ſeveral practical points of great importance are eſtabliſhed, and, in particular, it is proved, that all the different varieties of the diſeaſe require the ſame treatment;

becauſe, whatever be the cauſe, the effect is the ſame, viz. abdominal inflammation. The diſcuſſion of this point will relieve the minds of inexperienced practitioners from many doubts and difficulties, which muſt have otherwiſe perplexed them.

The benevolent reader muſt obſerve, with diſpleaſure, the ungenerous treatment, which I met with, from that very ſex, whoſe ſufferings I was at ſo much pains to relieve; for, while I was uſing my beſt endeavours to mitigate the calamities of many miſerable ſufferers, ſeveral others were very buſy in traducing my character, who, prompted by prejudice, very uncandidly, proclaimed the deaths, and concealed the cures, on purpoſe to raiſe an odium againſt my practice. This was hard; but it was ſome conſolation to me to reflect, that a ſimilar misfortune happened to one of the greateſt ornaments of our profeſſion, the illuſtrious Dr. Sydenham, who has been very properly ſtyled the modern Hippocrates. Uncommon ſagacity and diligent obſervation enabled

bled him to diſcover a ſucceſsful method of treating moſt diſeaſes, for which he was rewarded with ingratitude and defamation. But this worthy man, actuated with the pureſt philanthropy, was more ſolicitous to do good to mankind than to be praiſed by them, expecting his reward elſewhere.

CONTENTS.

CONTENTS.

	Page
HISTORY of the diſeaſe - -	1
Symptoms - - - - -	5
Caſes and diſſections - - -	15
Table, or liſt, of patients - - -	17
Nature of the diſeaſe - - -	50
Seat - - - - - -	60
Cauſe - - - - -	62
Prognoſis - - - - -	71
Cure - - - - -	77
Prevention - - - - -	96
Appendix - - - - -	103

A TREATISE

ON THE

EPIDEMIC PUERPERAL FEVER

OF

ABERDEEN.

CHAP. I.

HISTORY AND SYMPTOMS OF THE DISEASE.

HISTORY.

THE diſeaſe, which I propoſe to deſcribe, made its appearance at Aberdeen in the month of December 1789, and prevailed as an epidemic among lying-in women till the month of March 1792, when it finally ceaſed.

This epidemic ſeemed, in every reſpect, to anſwer the deſcription of the Puerperal or Child-bed Fever, on which many authors have written, particularly Doctors Hulme, Denman,

man, and Leake, who have deſcribed it with great ability.

The Puerperal Fever, according to the account given of it by authors, is more frequent and fatal in large towns, and in hoſpitals, than in the country, and private practice. But that under conſideration was not confined to the town of Aberdeen, but extended to the ſuburbs and contiguous country, where it proved as fatal as in the heart of the city. It was not peculiar to any particular conſtitution, or temperament, but promiſcuouſly ſeized women of all conſtitutions and temperaments; for the ſtrong and the weak, the robuſt and the delicate, the old and the young, the married and the ſingle, thoſe who had eaſy, and thoſe who had difficult labours, were all equally and indiſcriminately affected.

It prevailed principally among the lower claſſes of women, and, on account of my public office, and extenſive practice in Midwifery, moſt of the caſes came under my care. But women in the higher walks of life were not exempted, when they happened to be delivered

livered by a midwife, or phyſician, who had previouſly attended any patients labouring under the diſeaſe.

In the hiſtory of this diſeaſe, an account of the weather and ſtate of the atmoſphere will, no doubt, be expected; but though I paid particular attention to theſe, I have omitted any ſuch account, becauſe I diſcovered, that the diſeaſe was occaſioned by a cauſe very different from the ſenſible qualities, or conſtitution of the air. What that cauſe was ſhall be mentioned afterwards, in its proper place. For the preſent I ſhall only remark, that, by obſervation, I plainly perceived the channel by which it was propagated; and I arrived at that certainty in the matter, that I could venture to foretell what women would be affected with the diſeaſe, upon hearing by what midwife they were to be delivered, or by what nurſe they were to be attended, during their lying-in: and, almoſt in every inſtance, my prediction was verified.

The diſeaſe was new and unknown in Aberdeen, and a very powerful prejudice prevailed

againſt the treatment proper for curing it; for the cure depended upon bleeding and purging, and both were repugnant to popular opinion. The only diſeaſe, ſuppoſed by the vulgar to be incident to lying-in women, is a diſorder commonly called the Weed, which is an ephemera ſimilar to the paroxyſm of an intermittent fever, and always terminates without any danger. Puerperal Fever was a term, and a diſeaſe, to which they were total ſtrangers. And, becauſe its attack was always with a rigor, or cold fit, it was, for that reaſon, confounded with the Weed, and the ſame treatment recommended. On this ground, heating cordials were profuſely exhibited by female practitioners, who are as numerous now in Aberdeen, as they were formerly in London, in the days of Sydenham; but they obtained no great credit by ſuch a practice, for none who were treated in this manner recovered.

The diſeaſe was not only unknown to the vulgar, but even medical practitioners had very little experience in treating it; moſt of whom had no other knowledge of the diſeaſe, than

than what they had derived from books; and the book, moſt commonly read, was a work which repreſents the Puerperal Fever as a putrid diſeaſe; the performances of Doctors Hulme, Denman, and Leake, the beſt writers on the ſubject, being in very few hands. For though a ſimilar diſeaſe was epidemic in Aberdeen in the years 1760 and 1761, yet there was no phyſician alive, who practiſed at that time, to aſſiſt by his experience on this preſſing occaſion. Such was the ſituation of matters when the Puerperal Fever made its appearance in Aberdeen; and I thought proper to call in two of the oldeſt, moſt reſpectable, and moſt experienced practitioners of the city, who were men of no leſs candour than ſkill, and poſſeſſed minds perfectly open to conviction; ſo that if any doubts remained with reſpect to the nature of the diſeaſe, they were thoroughly removed upon ſeeing the caſes, diſſections, and method of cure.

SYMPTOMS.

With reſpect to theſe I may truly affirm, that there is ſcarce any diſeaſe more regular

in its time and manner of attack, or more uniform in its appearance and ſymptoms. It moſt commonly commenced on the ſecond, or third day after delivery; for, except in two caſes, it always ſeized the patient before the ſecretion of the milk; and three-fourths of the whole were taken ill on the day after delivery, in the afternoon, or evening. Its attack was regularly with a violent rigor, or ſhivering fit, which was ſucceeded by a great degree of heat, rapid pulſe, and ſevere pain in the abdomen, which was always very tender to the touch, and when preſſed occaſioned great uneaſineſs. Theſe were the principal pathognomic, or characteriſtic ſymptoms, eſſential to the diſeaſe.

But, unfortunately for the patient, it too often happened, that the cold fit, which uſhered in the diſeaſe, was called a weed, and not conſidered as dangerous; and that the pain in the abdomen was, by nurſes and midwives, miſtaken for after-pains, and little attention paid to it. Theſe were fatal miſtakes for the patient, becauſe, by the delay thereby occaſioned, the diſeaſe was incurable before

aſſiſtance was ſent for. And this delay frequently happened, notwithſtanding I was at particular pains to explain to all concerned in the charge of lying-in women the difference between them, which was by no means difficult to be underſtood. For the pain of the Puerperal Fever is conſtant, and after-pains periodical; in the Puerperal Fever the abdomen cannot be preſſed without occaſioning great pain, in the after-pains the abdomen is not painful to the touch; in the Puerperal Fever the pulſe is always very quick, in after-pains the pulſe is not at all affected.

The pain was generally ſeated in the hypogaſtric region, and in a few caſes, there was a pain which darted from the pit of the ſtomach down to the ſpine; but in three-fourths of the whole, the principal ſeat of the pain was the right ſide, near the origin of the colon. The pain, in whatever part it was ſeated, was ſo excruciating that the miſerable patients deſcribed their torture to be as great, or greater than what they ſuffered during labour.

Some complained of a violent pain in the ſmall of the back; and many complained of a ſevere pain in the lower extremities, which being too frequently taken for rheumatiſm, was another fatal cauſe of miſtake.

The pulſe was ſometimes hard, but more frequently weak, and acquired an uncommon velocity at the beginning of the diſeaſe; for, except in two or three caſes, in which the pulſe was at the rate of 128, in all the reſt it was not under 140 ſtrokes in a minute, very early in the diſeaſe. And, unleſs the diſeaſe was early checked by proper remedies, it continued to increaſe in quickneſs, till it exceeded 160 ſtrokes in a minute; and, before the fatal cloſe, it generally became too quick to be numbered.

In moſt of the caſes, eſpecially thoſe which had been neglected at the beginning, there was a conſiderable tumefaction of the abdomen, which, as the diſeaſe advanced, frequently became as much diſtended as before delivery.

The

The tongue in moſt caſes was white, but ſoft and moiſt; in thoſe, however, which were long protracted, it became dry and rough, having the ſame appearance as in typhus.

The urine was ſometimes high coloured, but more frequently turbid, and was often paſſed with pain and difficulty.

The blood taken away in this diſeaſe had always a very thick inflammatory cruſt, and was exactly ſimilar to that of patients in pleuriſy and rheumatiſm.

The ſkin was generally hot and dry, but ſometimes it was moiſt; and an univerſal ſweat was diffuſed over the whole of the body, pretty early in the diſeaſe, even in ſome caſes which terminated fatally. Partial ſweats, however, were very common, and when cold and faint, and confined to the face and breaſt, announced the approach of death.

A circumſcribed crimſon colour in the cheeks

cheeks was a ſymptom which ſometimes occurred towards the cloſe of the diſeaſe, and was a mortal ſymptom.

A vomiting of bile, of a green colour, was a ſymptom which frequently occurred, eſpecially when the patient was coſtive; and, when there were ſymptoms of mortification, what the patient vomited was black, and had a ſtrong reſemblance to the grounds of coffee.

A diarrhœa was a frequent ſymptom, and was a ſymptom rather to be deſired than dreaded; for, without a ſpontaneous, or artificial diarrhœa, very few recovered. The ſtools were frothy, and of a yellow, greeniſh, or dark brown colour; and every diſcharge by ſtool ſeemed to give temporary relief: but, towards the end of the diſeaſe, they were frequently involuntary, and, ſometimes, became black and very fetid, reſembling moſs-water, and were one of the ſymptoms of internal mortification.

The lochial diſcharge commonly continued to flow as uſual, though in ſome the diſcharge was

was diminiſhed, yet, in few or none, was it wholly ſuppreſſed. In thoſe caſes which terminated fatally, the ſecretion of the milk never took place, and, in ſuch as recovered, there was no ſecretion of it till after the criſis.

As the diſeaſe advanced, eſpecially when the pain was great, and the abdomen much diſtended, reſpiration was performed with great difficulty. This did not appear to be owing to any complaint in the thorax, but to the mechanical compreſſion, made upon the tender viſcera of the abdomen, by the diaphragm and abdominal muſcles during reſpiration, which were too tender to bear the ſmalleſt preſſure, without occaſioning the moſt exquiſite pain.

The ſituation of the patient, at this period of the diſeaſe, was truly deplorable; for the pain of the abdomen, already excruciating, was aggravated by the act of reſpiration, and by the ſmalleſt motion of the trunk. The miſerable patient, therefore, lay on her back incapable

incapable of turning on either ſide, and unable to breathe. Death, in ſuch circumſtances, was an event to be much wiſhed for.

The intellectual faculties were ſometimes, but not frequently, deranged; for I ſeldom obſerved a delirium, except in a few improperly treated, or neglected caſes, to which I was called late in the diſeaſe. But, in general, the patient retained her ſenſes to the laſt.

In all of them the attack was ſudden, without any previous complaint or indiſpoſition.

This diſeaſe, when left to nature, or improperly treated by art, generally proved fatal. Nor was it commonly leſs regular in its criſis, than it was in its time of attack; for, as it commonly ſeized the patient on the day after delivery, ſo it commonly proved fatal on the fifth day from the attack; and, of ſuch as died, more than a half died on the fifth day. Some died with great compoſure, others in great

great pain. For, in ſome, there was a total ceſſation of pain, a few hours before death; and, while the patient was tranſported, with the ſudden tranſition from extreme pain to perfect eaſe, and overjoyed with the thoughts of recovery, death came by ſurpriſe, and carried her off, amidſt the congratulations of her friends. To ſuch patients death might be ſaid to be rather pleaſant, than painful. Several, however, had a violent ſtruggle, and died in great agony.

When called in the beginning of the diſeaſe, that is, within ſix, or eight hours after the attack, I was often able to put an immediate ſtop to it, even when the pulſe was at the rate of 140. But when the patient had been ill, twelve, or twenty-four hours before I was called, I was not able to bring the diſeaſe to an immediate concluſion; the moſt I could do, in ſuch caſes, was to check its violence, and overcome it by degrees; for I could ſeldom bring it to a complete termination before the fifth day.

But,

But, when the patient had been ill, for a longer ſpace than twenty-four hours before I was ſent for, I generally found, that the diſeaſe was no longer in the power of art.

CHAP.

CHAP. II.

CASES AND DISSECTIONS.

BEFORE I proceed to the conſideration of the nature and cauſe of the diſeaſe, it will be proper for me to give a narrative of the caſes, and likewiſe a deſcription of the appearances, diſcovered by the diſſection of ſuch patients as died of the diſeaſe. On theſe, which are ſo many eſtabliſhed facts and incontrovertible truths, my doctrine of the Puerperal Fever is grounded.

There was ſuch a ſimilarity in the caſes of the ſeveral patients, that to give a minute detail of every individual caſe would be a tireſome tautology. I ſhall, for that reaſon, ſelect only a few out of the whole as ſpecimens.

But

But ſome general circumſtances relating to every caſe are comprehended in the annexed table, which contains all the caſes that came under my care. And, to this table, I ſhall have occaſion frequently to refer, in the courſe of the work.

A TABLE

A TABLE

Containing an Account of thoſe Patients affected with the PUERPERAL FEVER, who were attended by Dr. GORDON, from December 1789 to October 1792.

When taken ill.	No.	Name.	Age.	Reſidence.	Cured	Dead.	By whom delivered.
1789.							
December	1	James Garrow's wife	27	Woolman-hill		5th day	Mrs. Blake
Ditto	2	James Smith's wife	30	Ditto		23 ——	Ditto
Ditto	3	John Smith's wife	34	Green		11 ——	Mrs. Elgin
Ditto	4	Al. Mennie's wife	25	Hardgate		11 ——	Ditto
1790.							
January	5	John Anthony's wife	25	North-ſtreet		3 ——	Dr. Gordon
February	6	Chriſtian Durward	36	Rottenholes		3 ——	Ditto
April	7	Al. Stuart's wife	30	Denburn	1		Mrs. Philp
May	8	William Elrick's wife	34	Exchequer-wynd	2		Mrs. Blake
Ditto	9	Elizabeth Murray	28	North-ſtreet		7 ——	Ditto
Ditto	10	Helen Mitchell	30	Ditto	3		Ditto
Ditto	11	Janet Wier	34	Denburn	4		Mrs. Elgin
Auguſt	12	Mrs. Johnſton	36	Littlejohn's ſtreet	5		Mrs. Smith
Ditto	13	Geo. Webſter's wife	38	Fowler's-wynd	6		Mrs. Blake

When taken ill. 1790.	No.	Name.	Age.	Reſidence.	Cured	Dead.	By whom delivered.
Auguſt	14	Peter Paul's wife	32	Windmill-brae	7		Mrs. Blake
Ditto	15	John Low's wife	25	Juſtice-mills		5th day	Mrs. Smith
Ditto	16	Mrs. Milne	27	North-ſtreet	8		Mrs. Blake
September	17	Iſabel Allan	36	Birnie's-cloſe		5 ——	Mrs. Coutts
Ditto	18	Robert Burr's wife	30	Gallowgate		2 ——	Mrs. Irvine
October	19	Al. Eddy's wife	36	Ditto		3 ——	Mrs. Clark
Ditto	20	Agnes Milne	24	Putachie-ſide	9		Ditto
Ditto	21	Al. Stuart's wife	26	Green	10		Mrs. Blake
Ditto	22	Elizabeth Jamieſon	25	Windmill-brae		5 ——	Dr. Gordon
Ditto	23	Dundas Nicol's wife	25	Green	11		Mrs. Philp
Ditto	24	Al. Brown's wife	27	Loan-head		5 ——	Mrs. Elgin
Ditto	25	Anne Smith	24	Denburn		5 ——	Ditto
Ditto	26	Mrs. Malcom	25	Green		1 ——	Ditto
Ditto	27	Wm. Robertſon's wife	30	Gilcomſton		5 ——	Mrs. Emſlie
Ditto	28	Jean Webſter	17	Juſtice-port	12		Mrs. Anderſon
November	29	Anne Cumming	29	North-ſtreet	13		Ditto
Ditto	30	Margaret Still	25	Ditto	14		Ditto
Ditto	31	Janet M'Kay	38	Gallowgate	15		Mrs. Clark
Ditto	32	Jean Laing	32	Ditto		7 ——	Dr. Gordon

When taken ill.	No.	Name.	Age.	Reſidence.	Cured	Dead.	By whom delivered.
1790.							
November	33	Mrs. Leitch	40	Carnegie's-brae	16		Dr. Gordon
Ditto	34	Anne Barclay	20	Tannery-ſtreet	17		Mrs. Clark
December	35	Mrs. Muffart	36	Hardgate	18		Mrs. Davidſon
Ditto	36	Jean Galloway	27	North-ſtreet	19		Mrs. Anderſon
Ditto	37	Janet Anderſon	25	Putachie-ſide		5th day	Mr. Harvey
Ditto	38	Mrs. ——	25	——————		5 ——	Dr. Gordon
1791.							
January	39	Al. Main's wife	40	Poinernook		1 ——	Mrs Henderſon
February	40	Violet Thom	25	Green	20		Dr. Gordon
Ditto	41	Mrs. Home	22	Carnegie's-brae	21		Mrs. Ogilvie
Ditto	42	Mrs. Walton	25	North-ſtreet		11 ——	Ditto
Ditto	43	Elſpet Riach	25	Ditto		5 ——	Mrs. Balfour
March	44	Janet Cormack	25	Back-wynd	22		Ditto
Ditto	45	Andrew Duncan's wife	26	Ditto		5 ——	Mrs. Blake
Ditto	46	Anne Davidſon	34	Juſtice-port	23		Mrs. Anderſon
Ditto	47	Elſpet Fife	30	Windmill-brae	24		Mrs. Keith
Ditto	48	Margaret Forbes	40	Footdee	25		Mrs. Anderſon
April	49	Janet Robertſon	36	Correction-wynd	26		Mrs. Coutts
Ditto	50	Wm. Gibbon's wife	27	Ditto	27		Dr. Gordon

When taken ill. 1791.	No.	Name.	Age.	Reſidence.	Cured	Dead.	By whom delivered.
April	51	John Duncan's wife	26	Woman-hill		7th day	Mrs. Keith
Ditto	52	James Davidſon's wife	25	Caſtle-ſtreet	28		Dr. Gordon
Ditto	53	Rachel Gordon	36	Ditto	29		Mrs. Mitchell
May	54	Mrs. Clark	25	Gallowgate	30		Dr. Gordon
Ditto	55	Geo. Duthie's wife	30	Torry		5 ——	Mrs. Philp
June	56	Anne Moliſon	27	Windmill-brae	31		Mrs. Emſlie
Ditto	57	Mrs. Henrie	30	Lodge-walk	32		Mrs. Elgin
September	58	Elſpet Robertſon	25	Shoe-lane	33		Mrs. Blake
Ditto	59	Rachel Leith	25	Back-wynd	34		Mrs. Taylor
Ditto	60	Mrs. Thomſon	25	Lodge-walk	35		Dr. Gordon
October	61	Mrs. Ligertwood	30	Queen-ſtreet	36		Ditto
Ditto	62	Widow Forbes		Printfield	37		Mrs. Taylor
November	63	Mrs. Brown	42	Fintray		5 ——	Mrs. Mitchell
Ditto	64	Mary Meldrum	32	Windmill-brae		5 ——	Mrs. Chalmers
December	65	Jean Brown	36	Vennel	38		Mrs. Anderſon
Ditto	66	Margaret Yull	23	Caſtle-ſtreet	39		Dr. Gordon
Ditto	67	Anne Hervie	23	Woman-hill	40		Mrs. Keith
Ditto	68	Iſaac Allan's wife	22	Windmill-brae	41		Mrs. Emſlie

When taken ill. 1792.	No.	Name.	Age.	Residence.	Cured	Dead.	By whom delivered.
January	69	Mrs. White	30	Printfield		5th day	Mrs. Keith
Ditto	70	Mrs. Byrn	27	Broadgate	42		Mrs. Philp
Ditto	71	Christian Sangster	30	Green	43		Mrs. Ogilvie
February	72	Al. Sim's wife	27	Printfield	44		Mrs. Chalmers
Ditto	73	James Gordon's wife	28	Ditto	45		Dr. Gordon
Ditto	74	Mrs. Mather	26	Drum	46		———
March	75	Tho. Wallader's wife	36	Printfield	47		Mrs. Keith
Ditto	76	Mrs. Imlach	24	Pesly	48		Dr. Gordon
October	77	Anne Skinner	36	Gallowgate	49		Ditto

out of 77 cases 49 recovered - 28 died. ~~out of 77~~ -

in 1790 D. G: saw 34 cases
= 1791 — 30 -

CASE

CASE I. *N.B.*

JOHN LOW'S WIFE, *No.* 15 *in the Table.*

IN the afternoon of the 19th of Auguſt, 1790, John Low, miller at Juſtice-mills, came to my houſe, requeſting me to go immediately to his wife, "who," he ſaid, "had fevered after delivery, and was in great danger." I accordingly went, and found her in a dangerous ſituation; ſhe complained of an acute pain in the lower part of the abdomen, attended with a very great degree of fever, the velocity of the pulſe being at the rate of 140 ſtrokes in a minute.

The diſorder commenced with a violent rigor at ſix o'clock in the morning, being about 36 hours after delivery.

I had no difficulty in aſcertaining the patient's diſorder, having had previous opportunities of ſeeing it both in London, and in the courſe of my practice in Aberdeen, for this was the 15th caſe I had attended, ſince the epidemic

epidemic began, though the firſt of which I kept a journal. And, in every reſpect, the diſeaſe anſwered the deſcription of that known to practitioners by the appellation of the Puerperal Fever, a diſtemper which ſo frequently proves fatal to women in child-bed, baffling the ſkill of the moſt eminent phyſicians. As, therefore, I had ſo often ſeen the diſeaſe, I could not be puzzled in regard to the proper method of treatment; though, at the ſame time, I was well aware that I could by no means promiſe ſucceſs.

I accordingly ordered bleeding to the quantity of ſixteen ounces, the abdomen to be fomented, and a glyſter to be given; and, at the ſame time, I ordered large quantities of diluting drink: I likewiſe directed an anodyne diaphoretic draught to be given at night, and a cooling laxative the enſuing morning.

On the 20th, when I viſited the patient, I found the velocity of the pulſe ſomewhat diminiſhed, but no abatement of the other

ſymptoms, (the pain and tenſion of the abdomen remaining as before.)

The laxative given in the morning had the deſired effect; the blood drawn exhibited a very thick inflammatory cruſt; the lochia were ſuppreſſed; the urine was ſcanty and voided with pain; when recent it was high coloured, but when allowed to ſtand for a ſhort time, it became exceedingly turbid.

The fomentations were continued, and an opiate given in the evening.

On the 21ſt, when I viſited her in the morning, I was happy to find that ſhe had been pretty eaſy throughout the night, and had enjoyed ſome hours ſleep. The pulſe was 136. She was in a profuſe ſweat, which, I hoped, would prove critical, and, therefore, endeavoured to promote it by ſmall doſes of tartar emetic in the ſaline mixture. But I was ſorry to find that I was diſappointed in my expectation; for when I returned in the afternoon, I found that the ſweat had diſappeared, being ſucceeded by a diarrhœa.

The

The patient now complained of very great pain, and the ſwelling of the abdomen ſeemed to increaſe. I ordered an opiate in a large doſe, and applied a bliſter to the abdomen.

On the 22d, I was ſorry to find that the diſeaſe was making rapid progreſs, in ſpite of all the remedies employed; and as I perceived that the diarrhœa was not proving critical, (for the pain and tenſion were extended over the whole of the abdomen) and that the patient's ſtrength was ſinking; all hopes of recovery were now totally abandoned.

The patient's agony was now extremely great, and called loudly for relief; I, therefore, thought proper to adminiſter opium both externally and internally, on purpoſe to mitigate pain, and if poſſible to procure reſt.

I went early in the morning of the 23d to viſit my diſtreſſed patient, and found that the ſtorm was lulled into a calm. The friends received me with tranſports of joy, vainly thinking that the danger was over.

The

The patient, ſuppoſing herſelf perfectly well, aſked my permiſſion to riſe; for ſhe ſeemed to feel no pain, and ſuffered me to touch and preſs the abdomen, without ſhewing any ſigns of uneaſineſs; a proof that the parts were in a ſtate of gangrene. For this ſudden ceſſation of pain, in the Puerperal Fever, is a fatal ſymptom which announces the approach of death, and denotes that a mortification has taken place. The friends, ignorant of this circumſtance, were quite overjoyed to ſee the patient ſo compoſed, after ſuch excruciating pain. However, notwithſtanding this compoſure and apparent eaſe, it was evident from the ghaſtly appearance of the countenance, from the tumefaction of the abdomen with the abſence of pain, from the ſunk ſtate of her pulſe, and from the coldneſs of the extremities, that death was not far off. Accordingly, in a few hours, the ſcene was cloſed.

On this occaſion, my practice expoſed me to the unmerited reproaches of the ignorant and illiterate. For, though I had given an unfavourable prognoſis, and deſired a conſultation,

tation, early in the diſeaſe, yet that did not exculpate me, nor mitigate the ſeverity of popular clamour. On this as well as on many other occaſions, I found that ſcientific practice and popular opinion very ſeldom correſpond.

According to a vulgar cuſtom in this country, the women came from all quarters to ſee the patient, and to offer their advice. Several ladies likewiſe joined the crowd; and though they neither knew the nature, nor even the name of the diſeaſe, yet they gave their advice with great freedom! Some ſaid it was wrong to bleed, others that it was improper to purge a patient in ſuch a ſituation; ſome preſcribed heating, and others aſtringent medicines, ſuppoſing the diſeaſe was what they call a weed improperly treated; and, ſeemingly actuated by other motives than the good of the patient, they propoſed different practitioners, every one recommending her own favourite *.

* So minute a detail might perhaps have been omitted, but I have given it to ſhew the obſtructions I met with in my practice.

To put an end to this unpleaſant ſcene of diſcord and confuſion, I called in Dr. Bannerman, a very reſpectable phyſician, and of great experience, whoſe opinion coincided with my own, both in regard to the nature of the diſeaſe, the treatment, and apparent danger.

We were both very ſolicitous for leave to inſpect the abdomen after death, but the friends could not be prevailed upon to give their conſent; however, from the foregoing detail of ſymptoms, it may be judged what was the ſtate of the parts.

CASE II.

Isabel Allan, *No.* 17.

On the 24th of September, 1790, I was called to Iſabel Allan, a married woman aged 36 years, who, about twenty-four hours after delivery, had been attacked with a violent rigor, which was ſucceeded by an acute pain in the lower part of the abdomen, eſpecially in the right ſide, attended with a great degree of

fever,

fever. She had been thirty hours ill when I was ſent for. Before I ſaw her, the abdomen was conſiderably tumefied; her pulſe was at the rate of 140, and hard; ſhe likewiſe complained of ſickneſs at the ſtomach, and vomited bile of a green colour. The lochia were ſuppreſſed, and the urine was high coloured. In ſhort, ſhe had all the ſymptoms of the Puerperal Fever.

I, therefore, ordered her to be freely bled, a purgative to be given; the application of fomentations to the abdomen, and an anodyne diaphoretic draught at night.

When I ſaw her, on the morning of the 25th, I was happy to find her, to appearance, much better; her pulſe was now only 124, the pain of the abdomen was much abated, and ſhe was in a profuſe ſweat, which I endeavoured to promote, by giving emetic tartar in ſmall doſes. But, in the evening, I was ſorry to learn that there had been a return of the rigor, which laſted long, and was followed by a conſiderable increaſe

creaſe of fever, with a very pungent pain, and tenſion of the abdomen.

I did not think it prudent to venture with a ſecond bleeding, but I ordered a large bliſter to be applied to the abdomen, and a cooling purgative to be taken in the morning.

Next morning, when I viſited her, I was concerned to find that all the ſymptoms were worſe; the pain and ſwelling of the abdomen were increaſed, and the pulſe was at the rate of 160. But I had not much reaſon to be ſurpriſed at this, as none of my orders had been obeyed. I, therefore, conſidered the caſe as hopeleſs. The miſerable patient ſtruggled for twenty-four hours, when ſhe died, being the fifth day of the diſeaſe.

DISSECTION.

Leave being given to inſpect the abdomen, I went on that buſineſs on the evening of the 28th, attended by Mr. Harvey, Mr. John Gordon, and Mr. Joſeph M'Rae.

Upon

Upon opening the abdomen, I found the peritonæum and its productions the omentum, meſentery, and meſocolon, in a ſtate of inflammation. The omentum had loſt about half its ſubſtance by ſuppuration; the meſentery and meſocolon, and that part of the inteſtinal canal, with which they are connected, were very much inflamed. But the diſeaſe appeared more eſpecially to occupy the right ſide; the right ovarium had come to a ſuppuration; the colon, from its caput along the courſe of the aſcending arch, was much inflamed, and beginning to run into gangrene. A large quantity of pus and extravaſated ſerum appeared in the cavity of the abdomen, which, when taken out and meaſured, amounted to two Engliſh pints. The peritonæal coat of the uterus was inflamed, and the organ itſelf not ſo compact and contracted as it ought to have been. Upon opening it, its cavity was found covered with a black-coloured ſubſtance, which at firſt ſight had the appearance of mortification, but when wiped off, was found to be, nothing elſe than the membrana decidua, in the ſtate in which it naturally is about this time.

CASE

CASE III.

JANET ANDERSON, *No.* 37.

Janet Anderſon, a Diſpenſary patient aged twenty-five years, after an eaſy labour was brought to bed of a living child on the 3d of December 1790, and had no complaint till the 4th, when about five o'clock in the afternoon, the Puerperal Fever made its attack, with a very long and violent rigor, and I was immediately ſent for.

Before I ſaw the patient, the cold ſtage was over and the hot commenced, the pulſe was at the rate of 128, and hard. I ordered immediate bleeding; but before the gentleman could be got who was to perform the operation, about an hour elapſed, and, what is very remarkable, the pulſe, in that ſhort ſpace, roſe from 128 to 140! a ſtriking proof of the rapid progreſs of the diſeaſe.

I ordered her to be largely bled, but, before the intended quantity was taken away,

the patient fainted, and, for that reaſon, the operator thought proper to deſiſt. After the bleeding a purgative was given.

The next morning, I was happy to hear that ſhe had enjoyed a pretty good night's repoſe, though I was a good deal diſappointed to be informed, that the purgative had not anſwered my wiſhes. The blood had a thick inflammatory cruſt; ſhe complained much of her belly, and her pulſe continued at the rate of 140, and the lochia ſtill continued to flow in moderate quantity.

The feebleneſs of the pulſe deterred me from repeating the bleeding: the next deſign, therefore, was to excite a diarrhœa, and to endeavour to determine to the ſkin by ſudorifics. In order to anſwer theſe intentions, I preſcribed the powder of jalap in the ſaline mixture, to be given at proper intervals, till it anſwered the end. When I returned in the evening, I was informed, that ſhe had ſlept a good deal throughout the day, and that the purging medicine had produced two or three

motions. I ordered the ſame medicine to be continued.

On the 5th when I viſited her, I was informed, that ſhe had enjoyed a pretty good night's reſt; the medicine had procured ſome ſtools, but not ſo many as I could have wiſhed; the pulſe was about 136; the pain of the abdomen was not exquiſite, and chiefly confined to the right ſide.

In the evening when I returned, I was happy to find the patient in a gentle diaphoreſis, which extended over the whole body, and I was in great hopes that it would prove critical; but I was unhappily diſappointed, for next day, being the fourth from the attack of the diſeaſe, I was ſorry to find, that all the ſymptoms were aggravated. The diaphoreſis had continued for a ſhort time only, and ſhe had a bad and a reſtleſs night. The pain in the ſide was now very exquiſite, and the abdomen tumefied; there was likewiſe a great difficulty of breathing, and oppreſſion about the præcordia; the velocity of the pulſe was

greatly augmented; the tongue very white; the thirſt great; the lochia were now ſuppreſſed, and the patient began to be delirious.

Theſe alarming ſymptoms induced me to avail myſelf of the aſſiſtance of another practitioner; I therefore thought proper to call in Dr. Skene, who readily accompanied me to the patient, and, with his approbation, a bliſter was applied to the ſide affected, the laxative medicine was continued, and an anodyne diaphoretic draught given at night.

On the 7th, being the fifth day of the diſeaſe, I found an increaſe of all the unfavourable ſymptoms; the pain and tumefaction of the abdomen were greatly increaſed, as was alſo the difficulty of breathing. A plentiful diarrhœa now came on; but it was too late, for nature, unhappily, was refractory, at the time when her efforts were likely to have been of ſervice.

In the evening when I viſited her, there was every ſign of approaching death; the

pulſe was ſunk, and the extremities cold; and, in a few hours, the ſcene was cloſed.

DISSECTION.

Many arguments were ineffectually uſed to perſuade the friends to permit an inſpection. However, at laſt very unexpectedly, they gave their conſent, and this circumſtance obliged me to go on that buſineſs, at a very late hour, attended only by my principal pupil Mr. Harvey, who always accompanied me on ſuch occaſions. I was ſorry that the lateneſs of the hour deprived me of the pleaſure of Dr. Skene's company, whoſe preſence is deſirable on theſe occaſions, on account of his anatomical knowledge.

When the abdomen was opened, the omentum preſented itſelf perfectly entire, and very little diſeaſed, only ſomewhat more of a red colour than it is in a natural ſtate; the ſtomach was ſound, but all the inteſtines were much inflamed, and diſtended with air, particularly the colon. The left ovarium was

ſound,

ſound, but the right was almoſt totally waſted by ſuppuration. There was about half a pint of pus and extravaſated ſerum in the cavity of the abdomen. The uterus was lying above the brim of the pelvis, and was conſiderably more enlarged, and diſtended, than it ought to have been. Upon cutting into it, its internal ſurface exhibited the ſame appearances already mentioned, in the caſe of Iſabel Allan.

The lateneſs of the hour prevented me from proceeding to the diſſection of the thorax; and I was the leſs ſolicitous about the matter, as I had ſeen in the abdomen the cauſe of the patient's death.

CASE IV.

Mrs. ———, *No.* 38.

This lady thought herſelf ſecure becauſe ſhe was to be delivered by me, and I ſhall ever regret that her expectations were diſappointed.

She had an eaſy labour, and remained per-

fectly well till the day after delivery, when about five o'clock in the afternoon, ſhe was ſeized with a ſhivering fit, which laſted long, and was ſucceeded by a very quick pulſe, and an acute pain in the right ſide of the abdomen.

I was ſent for ſoon after the attack, and found the pulſe at the rate of 140; I ordered ſixteen ounces of blood to be taken away, and a purgative to be given, which unhappily failed to operate.

Next morning, I called in Dr. Bannerman, a very ſkilful phyſician, and we agreed to repeat the bleeding to ten ounces, and to adminiſter Dr. James's powder, which, in a ſhort time, produced five or ſix plentiful motions, by which the patient was greatly relieved.

In the evening, we were joined by Dr. Skene, a phyſician of great experience, who propoſed to diſcontinue the purging plan, and to ſubſtitute ſudorifics in its place. This, though a deviation from my uſual practice, I did

did not oppoſe, becauſe it was the propoſal of a ſenior phyſician.

On the third day, in the morning, there was a remiſſion, but, in the afternoon, the fever returned with greater violence than before, and the event of the diſeaſe was now too evident. Accordingly, the remainder of life was one continued conflict, painful to the patient, and diſtreſſing to the ſpectators.

A large bliſter was applied to the abdomen, which, inſtead of doing ſervice, ſeemed rather to aggravate the patient's diſtreſs by the irritation it produced. Alarming ſymptoms ſeemed to increaſe every hour; the intellectual faculties began to ſuffer by a temporary delirium: convulſions were frequently interpoſed; the pulſe became weaker and weaker, till, at laſt, it ceaſed altogether; the extremities grew cold; the ſight failed, and death cloſed the melancholy ſcene.

DISSECTION.

This afforded a lamentable proof of the im-

perfection of our art; for we had the mortification to find, that we had almoſt conquered the diſeaſe, and loſt our patient for want of courage to carry evacuations to a proper extent. For, there was but a ſlight degree of inflammation, and no inflation of the inteſtines; the right ovarium was enlarged to the ſize of a hen's egg, and was approaching to a ſtate of ſuppuration; there was but little extravaſation in the cavity of the abdomen, and what there was ſeemed to have proceeded from the inflamed ovarium. And, I am fully perſuaded, that, if we had carried our remedies to a greater extent, the life of the patient would have been thereby ſaved. If either the quantity of blood, which was taken away at the two bleedings, had been taken at the firſt bleeding, or the purging been continued, which was exchanged for ſweating, I am thoroughly convinced we ſhould have been able completely to overcome the diſeaſe.

This was the opinion which I formed from the diſſection, and its truth was confirmed by my ſucceſs in all the ſucceeding caſes, to which I was called.

Thus,

Thus, the loſs of this patient was the means of ſaving many others.

CASE V.

JANET CORMACK, *No.* 44.

On the 1ſt of March 1791, I was called to Janet Cormack, a married woman aged twenty-five years, and found her in imminent danger; for, on the ſecond day after delivery, the Puerperal Fever made its attack with a very violent rigor, or cold ſtage.

She had been five days ill before I was ſent for. When I ſaw her, I found the abdomen tumefied, and very painful to the touch; the patient's ſtrength was much exhauſted, and her pulſe ſo much ſunk, that I did not think it poſſible for her to ſurvive many hours.

In ſuch circumſtances, there was ſcarce ground for any indication, or rational method of cure; I, therefore, called in Dr. Skene to have his opinion, whoſe ſentiments correſponded with my own; for we were both of opinion

opinion that her caſe was hopeleſs. However, we thought proper to give an opiate in a large doſe, on purpoſe to mitigate pain. But what was given as a palliative, very unexpectedly proved a cure; for it both procured reſt and produced a copious ſweat, and the patient, next morning, was greatly relieved. A plentiful ſweat continued for ſeveral days, and the pulſe became leſs frequent.

Care was taken to keep the bowels open, and to procure reſt by opiates, and I was now in hopes that nature would perform a cure. However, ſhe ſtill remained in a very precarious ſtate, for the fever never entirely left her. The tumour of the belly was at the ſame time large and hard, ſo that there could be no doubt of internal ſuppuration. Little hopes, therefore, could be entertained of the patient's recovery. But, about a month after the attack of the diſeaſe, nature, by a wonderful and an aſtoniſhing effort, relieved the diſtreſſed patient, by an aperture at the umbilicus, through which a very large quantity of purulent matter was diſcharged, which continued to flow, for the ſpace of three weeks, when

when the tumor ſubſided, and the orifice cloſed.

The patient ſoon after began to menſtruate, and, in a little time, recovered more ſtrength than could have been well expected.

Thus, we have a very ſingular and uncommon termination of a very dangerous and deplorable caſe, which ſhews the wonderful powers of nature, and what ſhe is capable of performing, even in the moſt deſperate and hopeleſs caſes.

And, what is equally remarkable, the firſt caſe of Puerperal Fever, which I had an opportunity of ſeeing in Aberdeen, terminated in the ſame extraordinary manner, though I was called early, and notwithſtanding bleeding and other evacuations were carried to a great extent.

So curious a caſe deſerves to be deſcribed, and the hiſtory thereof is accordingly ſubjoined.

CASE

CASE VI.

THOMAS M'ROBERT'S WIFE.

(Not in the Table.)

In November 1788, I was called to the wife of Thomas M'Robert, in Belmont-ſtreet, whoſe labour was attended with difficulty, owing to the preſentation of the face; however, the child was expelled by the action of the uterus, and great care was taken to guard the perinæum.

The woman had no complaint till the ſecond day after delivery, when I was called to her at midnight; her huſband being alarmed, on account of a very long and ſevere ſhivering, with which his wife had been ſeized.

When I went to the patient I found her labouring under a great degree of fever, attended with a violent pain in the abdomen. She likewiſe complained of great ſickneſs, and frequently vomited bile of a green colour;

which ſymptoms clearly aſcertained the nature of the diſeaſe.

I immediately bled the patient to the amount of ſixteen ounces, and ordered a cooling purgative to be taken in the morning.

When I viſited her next forenoon, I found no abatement of the diſeaſe; I, therefore, preſcribed a repetition of the bleeding to ten ounces, and ordered the application of fomentations to the abdomen.

The lochia, which continued till now, were ſuppreſſed, the urine was ſcanty, high coloured, and paſſed with pain; I therefore ordered an infuſion of lintſeed for drink, and nitre with cryſtals of tartar to be given in pretty large doſes.

On the third day, there was a remiſſion, and, on the fifth, a complete termination of the fever.

The criſis was by a diarrhœa, accompanied with an eryſipelas of one of the arms.

Dr.

Dr. Bannerman was a witneſs of the treatment employed in this caſe.

About ten days after I had taken my leave of this patient, I was called to her again, on account of a violent pain in the abdomen, accompanied with ſwelling and tenſion.

The pain was very excruciating, and was deſcribed by the patient, as ſimilar to thoſe ſhooting pains attending inflammatory tumors, which are approaching to ſuppuration.

Theſe ſymptoms left no room to doubt, that the diſorder was the conſequence of the Puerperal Fever, and that there was an internal ſuppuration. Every application was employed which had a tendency to mitigate pain, and alleviate the diſtreſs of the ſufferer, till nature brought relief in the ſame extraordinary manner, and by the ſame wonderful means already mentioned, in the caſe of Janet Cormack. For, about ſix weeks after delivery, to the great relief of the patient, an outlet was made for the matter through the umbilicus. The diſcharge continued for ſeveral weeks, till the whole

was

was exhauſted, when the orifice cloſed. The patient again recovered perfect health, and has ſince been ſeveral times pregnant.

CASE VII.

Isaac Allan's Wife, *No.* 68.

This caſe terminated in a ſimilar manner with the two caſes juſt deſcribed.

The diſeaſe attacked the patient on the eighth day from delivery, after ſhe had been employed in waſhing clothes, and began with a cold ſtage, to which ſucceeded fever and pain of the abdomen.

She had neglected to have recourſe to any medical aſſiſtance at the beginning of the diſeaſe; but the pain at laſt became ſo excruciating, that ſhe was under the neceſſity of ſending for me. When I was called, I perceived that it was too late to attempt a cure by evacuation, and that all that art could do was to mitigate pain, and palliate the patient's ſufferings

ſufferings by opiates, which were given in large doſes.

The abdomen was ſwelled, and painful to the touch, and the poor woman's agony was very great, for the ſpace of two months; when the diſeaſe came to a criſis, by a diſcharge of purulent matter from the urethra, after which the pain and ſwelling of the abdomen ſubſided. Purulent matter continued to be diſcharged by this outlet, for the ſpace of a month, when it ſtopped, and the woman recovered ſtrength ſufficient to enable her to nurſe her child, and ſhe is now in perfect health.

The few foregoing Caſes may be ſaid to contain the whole, for the hiſtory of all the reſt is comprehended in them.

No. 18, 24, 25, 26, 27, 36, and 64 had ſymptoms ſimilar to the caſe firſt deſcribed, with this difference only, that in them the bowels were coſtive, and, for ſeveral hours before

before death, they vomited a matter reſembling the grounds of coffee; whereas ſhe vomited none, but had a diarrhœa, with ſtools not unlike moſs-water. And moſt of the other caſes, which I attended, may be referred to one or other of thoſe above deſcribed, and are, therefore, properly omitted.

CHAP. III.

NATURE AND SEAT OF THE DISEASE.

THESE have been ſubjects of great diſpute among writers on the Puerperal Fever. And I hope, that the obſervations, which an extenſive experience has enabled me to make, will ſerve to illuſtrate the points in diſpute. This I ſhall attempt, to the beſt of my ability, wiſhing to avoid all controverſy, to which I have a great averſion; for I am fully perſuaded, that if practitioners had obſerved more and reaſoned leſs, there would have been little diſpute, either about the nature or ſeat of this diſeaſe.

NATURE OF THE DISEASE.

This is a point much diſputed; for ſome maintain, that the Puerperal Fever is a diſeaſe of

of an inflammatory, while others as ſtrenuouſly contend, that it is of a putrid nature. And I am very ſolicitous to eſtabliſh this point, becauſe it is a matter of the utmoſt moment, and has a direct and an immediate influence on the method of treatment; for inflammatory and putrid diſeaſes are ſuppoſed to require remedies altogether different, and diametrically oppoſite.

Some, in my opinion, guided more by theory than obſervation, have endeavoured to ſettle the diſpute by reaſoning. But, to ſhew how precarious reaſoning is, and how little to be truſted, I think proper to mention, that the arguments employed by others, to prove that the Puerperal Fever is a putrid diſeaſe, appear to me, rather to prove that it is inflammatory. Since, therefore, different concluſions may be drawn from the ſame premiſes, no opinion, concerning the nature of a diſeaſe, is of great weight, which does not reſt on a better foundation than that of reaſoning.

Were I diſpoſed to reaſon, *à priori*, con-

cerning the nature of the Puerperal Fever, I would do it in the following manner.

Since the ſtate of child-bed is the concluſion of a great proceſs, which begins with conception and ends with labour, and ſince an inflammatory diſpoſition of body attends the whole proceſs, from beginning to end; is it reaſonable to think that there would be an immediate tranſition, a ſudden change, from inflammatory to putrid, at the cloſe of the proceſs? It is ſurely much more natural to think, that the ſame diſpoſition will be continued, and that the commotion excited by labour, and the cordials, ſo commonly given on that occaſion, will rather increaſe than change the inflammatory ſtate.

But there is no argument like matter of fact; I ſhall, therefore, relinquiſh reaſoning, and have recourſe to facts. And the doctrine, which I propoſe to deliver, concerning the nature of the Puerperal Fever, ſhall be grounded on the caſes which I ſaw, and the diſſections which I made.

The

The foregoing table contains ſeventy-ſeven caſes of the diſeaſe, which are the foundation on which my doctrine is grounded, and which I defy any theory to ſhake.

Of that number forty-nine patients recovered, and twenty-eight died.

Of the former, the greater part owed their recovery to ſuch evacuations, as cure inflammatory diſeaſes, carried to a very great extent; ſome, to the ſame evacuations ſpontaneouſly excited, and continued; ſome, to a tranſlation of the inflammation to the extremities, or other external parts, in form of eryſipelas or abſceſs; and a few, to an aſtoniſhing effort of nature, in diſcharging the abdominal ſuppuration by an external outlet, of which wonderful criſis, I have given three remarkable caſes.

Of the latter, or thoſe who died, we have ocular demonſtration of the nature of the diſeaſe in three diſſections; and, in all the reſt, there were evident ſymptoms, either of

mortification, or ſuppuration of the parts contained within the cavity of the abdomen.

And if to theſe facts be joined this additional one, that of thoſe who got wine and cordials, upon the ſuppoſitionthat the diſeaſe was putrid, none recovered, it may be conſidered as an eſtabliſhed truth, that the Puerperal Fever is a diſeaſe of an inflammatory nature.

That it frequently puts on a putrid appearance in its progreſs, or in the advanced ſtages, I by no means refuſe to admit; but obſerve, that this putreſcency is only the effect, or conſequence, of previous inflammation neglected, or improperly treated. For, in the courſe of the diſeaſe, conſiderable extravaſation takes place into the cavity of the abdomen; and the matter thus extravaſated, by ſtagnation, muſt ſoon acquire an acrid and putreſcent quality, and, being abſorbed, will occaſion putrid ſymptoms. And this explains, why the Puerperal Fever puts on a putrid appearance, and accounts for the many miſtakes of phyſicians,

ſicians, with reſpect to its nature, who have taken the effects, or conſequence, for the cauſe, and confounded the different ſtages of the diſeaſe.

But the Puerperal Fever is putrid in its progreſs only, and not in the beginning; and ſuch putreſcency is the effect, or conſequence, of previous inflammation; for, when the diſeaſe is properly treated at the commencement, or ſoon after the attack, that is, at the beginning of the inflammatory ſtage, no ſymptoms of putreſcency ever appear.

Having proved that the Puerperal Fever is an inflammatory diſeaſe, I ſhall next endeavour to inveſtigate the ſpecific nature of the inflammation, or inquire, whether it be of the nature of Phlegmon, or Eryſipelas?

That the Puerperal Fever is of the nature of eryſipelas, was ſuppoſed by Peautau forty years ago, and has been the opinion of Doctors Young and Home, of Edinburgh, ſince that time. I will not venture poſitively to aſſert, that the Puerperal Fever and Eryſipelas

are preciſely of the ſame ſpecific nature; but that they are connected, that there is an analogy between them, and that they are concomitant epidemics, I have unqueſtionable proofs. For theſe two epidemics began in Aberdeen at the ſame time, and afterwards kept pace together; they both arrived at their *acmè* together, and they both ceaſed at the ſame time.

That the eryſipelas accompanied the epidemic diſeaſe of lying-in women, of the years 1787 and 1788, deſcribed by Dr. Clarke of London, appears from the following words: "Inflammatory diſeaſes have been extremely "unfrequent, or, if they have occurred, they "have been principally of the eryſipelatous "kind *."

The analogy of the Puerperal Fever with Eryſipelas, will explain why it always ſeizes women after, and not before delivery. For, at the time when the eryſipelas was epidemic,

* See Dr. Clarke on the Epidemic Diſeaſes of Lying-in Women, p. 11.

almoſt

almoſt every perſon, admitted into the hoſpital of this place, with a wound, was, ſoon after his admiſſion, ſeized with eryſipelas in the vicinity of the wound. The ſame conſequence followed the operations of ſurgery: and the cauſe is obvious; for the infectious matter, which produces eryſipelas, was, at that time, readily abſorbed by the lymphatics, which were then open to receive it.

Juſt ſo with reſpect to the Puerperal Fever; women eſcape it till after delivery, for, till that time, there is no inlet open to receive the infectious matter which produces the diſeaſe. But, after delivery, the matter is readily and copiouſly admitted by the numerous patulous orifices, which are open to imbibe it, by the ſeparation of the placenta from the uterus.

And thus, a queſtion, which has given riſe to various ſpeculations and conjectures, is ſolved, in a very ſimple and ſatisfactory manner.

The connexion of the two diſeaſes is ſtill

further confirmed by the great extent of the inflammation, and rapid progreſs of the diſeaſe.

And the ſame connexion is evident from this circumſtance, that a very frequent criſis of the diſeaſe is by an external eryſipelas; which is a proof that there is a metaſtaſis, or tranſlation, of the inflammation, from the internal to the external parts *.

From theſe facts the reader may draw his own concluſion concerning the nature of puerperal inflammation. At the ſame time, I am aware, that this inveſtigation will afford argument againſt the treatment recommended in the ſequel, to thoſe who have been taught,

* This critical eryſipelas moſt commonly fixed on the extremities, but, in a few inſtances, on the external ſurface of the abdomen, which happened in a caſe of Puerperal Fever which I attended in the year 1788. The caſe alluded to is the wife of William Walker at Newbridge, whom I attended, at the ſame time with Thomas M'Robert's wife, whoſe hiſtory is given in Caſe VI. In both caſes the criſis was by an eryſipelas, which, in the latter, fixed on one of the upper extremities, and in the former, on the integuments of the abdomen.

 that

that bleeding and purging are improper in eryſipelas, and that it is moſt ſucceſsfully treated by cordials and tonic medicines. This is the doctrine taught at preſent in ſome of our ſchools, and will of courſe be adopted by many young practitioners.

But I combat opinions on the certain ground of practice, and not on the uncertain ground of theory; for which reaſon, the higheſt authority upon earth could not perſuade me to admit a doctrine, which diſagrees with my own experience. And, therefore, I ſhall only briefly obſerve, that if ſuch practitioners had lived in Aberdeen, during the epidemic ſeaſon, and ſeen the ſucceſs of bleeding and purging, and the fatal conſequences which followed the exhibition of wine and cordials, in eryſipelas, they muſt have altered their ſentiments, or diſbelieved their own eyes.

Having inveſtigated the nature of the Puerperal Fever, I next proceed to inquire into the

SEAT OF THE DISEASE.

With reſpect to the ſeat of the Puerperal Fever, writers have differed very much.

That the omentum is the ſeat of the diſeaſe is a ſuppoſed diſcovery, the merit of which has been claimed by two different authors *, each of whom has aſſerted his right to that honour.

It is indeed very true, that the omentum is affected in the Puerperal Fever; but it does not appear to be more eſpecially affected than the other productions of the peritonæum, which are all equally and indiſcriminately affected.

The diſſections which I made prove, that the Puerperal Fever is a diſeaſe which principally affects the peritonæum and its productions, and the ovaria.

The peritonæum, or inveſting membrane

* Doctors Hulme and Leake.

of

of the abdomen, was inflamed; and the extenſions, or productions, of the ſame membrane, which conſtitute the omentum, meſentery, and peritonæal coat of the inteſtines, were all promiſcuouſly affected.

In all the ſubjects which I diſſected, the right ovarium was diſeaſed, and the left ſound. Now it may be aſked, was this accidental, or was there ſome other reaſon for it? I obſerved, that in all the three caſes, that ovarium was affected, in which impregnation had taken place.

Does the diſeaſe univerſally fix upon that ovarium in which conception had taken place, or is the right ovarium more commonly affected than the left, from ſome cauſe not yet diſcovered?

I would therefore recommend this matter to the obſervation of future diſſectors.

Thus I have proved that the Puerperal Fever is an inflammatory diſeaſe, and that its ſeat is in the abdomen; it may, therefore, be conſidered as conſiſting in abdominal inflammation.

CHAP.

CHAP. IV.

CAUSE OF THE DISEASE.

VARIOUS cauſes have been aſſigned by writers for the production of the Puerperal Fever. I am unwilling to repeat the obſervations of authors, which are, or ought to be, in the hands of every practitioner, who pretends to female practice.

I ſhall, therefore, take no notice of the numerous cauſes mentioned by authors, but proceed to inveſtigate the cauſe of the epidemic Puerperal Fever under conſideration.

That the cauſe of this diſeaſe was a ſpecific contagion, or infection, I have unqueſtionable proof.

When the Puerperal Fever is frequent and fatal, that is, when it prevails as an epidemic, its cauſe has been referred to a noxious conſtitution of the atmoſphere *.

* See Leake on the Puerperal Fever, p. 97.

But

But that the cauſe of the epidemic Puerperal Fever under conſideration was not owing to a noxious conſtitution of the atmoſphere, I had ſufficient evidence; for, if it had been owing to that cauſe, it would have ſeized women in a more promiſcuous and indiſcriminate manner. But this diſeaſe ſeized ſuch women only, as were viſited, or delivered, by a practitioner, or taken care of by a nurſe, who had previouſly attended patients affected with the diſeaſe.

In ſhort, I had evident proofs of its infectious nature, and that the infection was as readily communicated as that of the ſmall-pox, or meaſles, and operated more ſpeedily than any other infection, with which I am acquainted.

With reſpect to the phyſical qualities of the infection, I have not been able to make any diſcovery; but I had evident proofs that every perſon, who had been with a patient in the Puerperal Fever, became charged with an atmoſphere of infection, which was communicated to every pregnant woman, who happened

happened to come within its ſphere. This is not an aſſertion, but a fact, admitting of demonſtration, as may be ſeen by a peruſal of the foregoing table.

The midwife, who delivered No. 1. in the table, carried the infection to No. 2, the next woman whom ſhe delivered. The phyſician, who attended No. 1 and 2, carried the infection to No. 5 and 6, who were delivered by him, and to many others. The midwife, who delivered No. 3, carried the infection to No. 4; from No. 24 to No. 25, 26, and, ſucceſſively, to every woman whom ſhe delivered. The ſame thing is true of many others, too tedious to be enumerated.

It is a diſagreeable declaration for me to mention, that I myſelf was the means of carrying the infection to a great number of women. But, happily, before I knew that the diſeaſe was infectious, I had diſcovered a remedy which would certainly cure it, if early applied. This diſcovery was a conſolation, which, in a great meaſure, compenſated for the uneaſineſs which the knowledge of the above-

above-mentioned fact would have otherwiſe occaſioned.

The midwife, who delivered Mrs. K——, carried the infection to No. 55 in Nigg, a country pariſh not far from Aberdeen, from whom it ſpread through the whole pariſh.

The ſervant of Sir William Forbes, Bart. carried the infection from his ſiſter in Aberdeen to his wife in the pariſh of Fintray, ſix miles from town; and the midwife, who delivered her, infected two others in the ſame pariſh ſoon after, both of whom died.

The midwives from Aberdeen carried the infection to the Printfield, or great cotton-works, two miles from town, where a great number of lying-in women was affected; while, at the ſame time, the women in the neighbourhood, who were delivered by country midwives, eſcaped.

The infection was carried by practitioners of midwifery from Aberdeen to Gilcomſton, and the Hardgate, villages in the ſuburbs of

 the

the city; while women in the adjacent country, who were delivered by midwives on the ſpot, eſcaped.

Now it may ſeem remarkable, that the Puerperal Fever ſhould prevail in the new town, and not in the old town of Aberdeen, which is only a mile diſtant from the former; that it ſhould prevail at the Printfield, in Gilcomſton, and the Hardgate, villages in the pariſh of the old town of Aberdeen, and not in the old town itſelf. But the myſtery is explained, when I inform the reader, that the midwife, Mrs. Jeffries, who had all the practice of that town, was ſo very fortunate as not to fall in with the infection; otherwiſe the women, whom ſhe delivered, would have ſhared the fate of others.

Why it prevailed in the pariſh of Nigg and of Fintray, and not in the adjacent pariſhes, I have already explained.

Theſe facts fully prove, that the cauſe of the Puerperal Fever, of which I treat, was a ſpecific contagion, or infection, altogether unconnected

nected with a noxious conſtitution of the atmoſphere.

That the infection, which produces the Puerperal Fever, is not a ſpecific contagion, but of the ſame nature with ſynochus, or typhus, has been aſſerted by a late writer on the Puerperal Fever. This author ſays, "that the "diſorder is not one, ſui generis, confined to "in-lying women, but merely an unuſual "form of a very common diſeaſe, and is in "reality no other than the common infec-"tious fever, complicated with a more or "leſs extenſive inflammation of the perito-"næum *."

"We look on the Puerperal Fever as a "form of the common ſynochus or ty-"phus †."

The cauſe of both is undoubtedly infection, but the two infections are of a very different nature. For the circumſtance, which excites the infection of the Puerperal Fever, ſeems to

* Walſh on the Puerperal Fever, p. 13.

† Id. ibid. p. 23.

prevent typhus. The former always takes place after, and not before delivery; but the latter (if pregnant women are expoſed to the infection) takes place before, and very ſeldom after delivery.

The public office, of which I have the charge, has afforded me an opportunity of attending an immenſe number of pregnant women affected with fevers occaſioned by infection; and the reſult has been, abortion in the early part, and labour in the latter part of pregnancy. Which events, ſo far from proving fatal, for the moſt part brought the diſeaſe to an immediate termination, the flooding of abortion, and the lochia of child-bed proving critical.

But the contagion producing typhus, is not only of a different nature from that which produces the Puerperal Fever, but the diſeaſes thereby occaſioned have very different ſymptoms. The principal ſymptom of the Puerperal Fever is pain in the abdomen; whereas, the principal ſymptom of typhus is pain in the head, without any complaint in the abdomen.

The

The difference is well illuſtrated by a caſe in point related by Dr. Kirkland :

" A young woman very lately had, as I " was informed, an extreme good time of her " firſt child ; but ſhe was unfortunately put " into a bed out of which her ſiſter, my pa- " tient, was removed, who had long lain ill " of a ſlow nervous fever. If we except her " not having a ſtool, ſhe went on very well " for five or ſix days, the lochia being pro- " perly diſcharged ; ſhe ſlept well, and her " breaſts were filled with milk : but about the " concluſion of this period, probably when " the miaſma received from the curtains and " bed-clothes began to take effect, ſhe com- " plained of a pain in her head, was feveriſh, " and her fever increaſing with want of " ſleep, I was deſired to ſee her on the eighth " day of her lying-in. I then found her in a " hot ſweat, with an exceſſive quick weak " pulſe, and exactly the ſame kind of ſymp- " toms which accompanied her ſiſter's fever. " A clyſter was immediately given with good " effect; other remedies were ordered, and her " breaſts had been, and ſtill continued to be

" carefully drawn, till they became flaccid
" from milk not being ſecreted: but the pa-
" rents of this woman, having loſt another
" daughter in child-bed, were firmly perſuad-
" ed that this would die alſo. Thus ſhe con-
" tinued in the ſame bed, remedies were en-
" tirely neglected, ſhe ſoon became delirious,
" and did die on the twelfth day from her de-
" livery; but ſhe had neither diarrhœa, pain,
" ſoreneſs, or ſwelling in any part of the ab-
" domen, &c*."

* Dr. Kirkland on Child-bed Fevers, Caſe XVI.

CHAP. V.

PROGNOSIS OF THE DISEASE.

IN ſo dangerous a diſeaſe the prognoſis muſt be precarious, and for the moſt part unfavourable; for of all acute diſeaſes, the Plague excepted, the Puerperal Fever is perhaps the moſt dangerous.

Indeed, one of the beſt writers on the Puerperal Fever has repreſented it to be as deſtructive as the Plague itſelf.

"The Peſtilence," he ſays, "like a fierce "and untamed enemy, ſpreads his hoſtile ban- "ners in open day, and feaſts on carnage and "deſtruction, till, glutted with ſlaughter, he "himſelf ſinks down and dies! But the Pu- "erperal Fever, like a ſecret revengeful foe, "ſtabs in the dark to the very vitals; and "though he kills one only at a time, yet he "is privately ſlaying every day, and never

" ſatiated; thus making up by length of " time, what the other does by a ſudden de- " vaſtation *."

The celebrated Dr. Hunter gives a very unfavourable account of the event of the Puerperal Fever. And, by the ſame gentleman, we have a melancholy hiſtory of its fatality in one of the lying-in hoſpitals in London; for in that hoſpital, in the ſpace of two months, thirty-two patients were affected with it, and only one of that number recovered.

In 1746, at Paris, none recovered.

According to Dr. Leake, thirteen patients out of nineteen died of this diſtemper, during the epidemic ſeaſon †.

And, according to Dr. Young, all the women died, who were affected with this diſeaſe in the lying-in ward at Edinburgh, not one of them recovering.

* Hulme on the Puerperal Fever, p. 29.

† Leake on the Child-bed Fever, p. 246.

In

In my practice, of 77 women, who were attacked with the Puerperal Fever, 28 died; ſo that very near two-thirds of my patients recovered, which proves that I have been much more ſucceſsful than any other practitioner.

But it will be proper to mention that I was too late in being called to many of the caſes, and that I had a fair trial only in fifty of the above number: of theſe fifty, only five died.

Nothing, therefore, can be a ſtronger proof of the truth of my doctrine, than the ſucceſs of my practice; for according to this account, if the cure be early attempted, and conducted according to the method which I propoſe, only one in ten will die, if we calculate according to my ſucceſs in the above-mentioned fifty caſes. And it deſerves to be remarked, that all theſe five died before the third diſſection, from which I diſcovered the certain method of curing the Puerperal Fever. The time, when the third diſſection was made, may be reckoned the Æra, from which we are to date the diſcovery of the cure of this diſeaſe;

eaſe; for, after that time, of thirty patients who were treated in the manner to be afterwards mentioned, not one died.

The courſe of the diſeaſe is pretty uniform, but in this there is ſome variation depending principally upon the time of attack; for the earlier it begins after delivery, it will prove the ſooner mortal; and the later it ſeizes a patient, it will be the longer protracted.

Two died in the ſpace of twenty-four hours after the attack; one in thirty-ſix hours; three on the third day of the diſeaſe; fifteen on the fifth day; three on the ſeventh; three on the eleventh; and one on the twenty-third.

Thus, more than one half of the deaths happened on the fifth day. The fifth, therefore, may be reckoned the principal of the fatal critical days, and it is likewiſe the principal critical day when the criſis is ſalutary. By attention to this circumſtance, I was enabled to give a prognoſis which frequently ſurpriſed the patient's friends; for they were aſtoniſhed

aſtoniſhed to find, that the event correſponded in point of time with my prediction.

The ſalutary ſymptoms are a diarrhœa coming on early, eſpecially if the tumefaction of the abdomen be thereby diminiſhed, the pain relieved, and the pulſe rendered ſlower. Indeed it is ſo far a good ſymptom, that without a natural, or artificial diarrhœa, few or none recovered. A gentle moiſture on the ſkin, a flow of milk to the breaſts, a plentiful diſcharge of the lochia, are all favourable ſymptoms. It is likewiſe a favourable ſign when the patient can turn herſelf; for, in dangerous caſes, the patient generally lies in one poſture, unable to turn herſelf in bed. But one of the moſt favourable ſymptoms is an eryſipelas on the extremities, or abſceſſes on different parts of the body; for ſuch are certain ſigns of a ſalutary criſis.

The dangerous, or unfavourable ſymptoms are, a very quick pulſe; violent pain and tenſion of the abdomen; laborious reſpiration; a violent rigor, and the progreſs of the

the diſeaſe very rapid; a dry rough tongue; delirium; black vomiting; black ſtools, and a circumſcribed crimſon colour on the cheeks. Cold clammy ſweats on the face and breaſts, involuntary ſtools, a fluttering pulſe, and a ceſſation of pain, were the immediate harbingers of death.

CHAP.

CHAP. VI.

CURE OF THE DISEASE.

THERE is perhaps no diſeaſe in which leſs is done by nature, or more may be done by art. For though I have mentioned a few wonderful cures performed by nature, yet, in general, her efforts were ineffectual; whereas when early recourſe was had to the ſkilful aſſiſtance of art, the diſeaſe, in moſt inſtances, was very ſpeedily and effectually cured.

And the method which I found moſt ſucceſsful was, by copious bleeding, ſoon after the attack of the diſeaſe. But this did not anſwer the end unleſs it was performed early, and in large quantity. And what Botallus ſays of the Plague is ſtrictly applicable to the Puerperal Fever. That author ſays,

"Bleeding proves more beneficial than all

"other

" other remedies, provided it be ſeaſonably
" uſed, in due quantity; but I am of opinion
" it ſometimes does no ſervice, either becauſe
" practitioners are too late in having recourſe
" to it, or uſe it too ſparingly, or commit ſome
" error in both theſe particulars. For if a
" diſeaſe, which requires four pounds of blood
" to be taken away in order to cure it, and
" only one is taken away, deſtroys the patient;
" it does not prove deſtructive becauſe bleed-
" ing was uſed, but becauſe it was performed
" in an improper, and perhaps in an unſea-
" ſonable manner *."

Now, nothing can be more applicable to the Puerperal Fever than the obſervations of Botallus; for, when I took away only ten or twelve ounces of blood from my patient, ſhe always died; but when I had courage to take away twenty or twenty-four ounces, at one bleeding, in the beginning of the diſeaſe, the patient never failed to recover, as was the caſe with No. 23, 28, 33, 35, 36, 40, 41, 52, 53,

* Botallus, cap. 7. De curatione per ſanguinis miſſionem.

54, 56, 58, 60, 61, 62, 67, 70, &c. in the foregoing table.

If therefore a practitioner is called to a patient in the beginning of the Puerperal Fever, he muſt never take away leſs than twenty or twenty-four ounces of blood at one bleeding, otherwiſe he will fail in curing the diſeaſe.

I know that this will be thought too large a quantity by thoſe who never take away more than eight or ten ounces of blood from their patients; but ſuch practitioners would never cure the Puerperal Fever. For unleſs a practitioner venture to take away the quantity mentioned, it would be much more prudent in him not to bleed at all, becauſe his patient will certainly die, and the bleeding will be blamed; for among the vulgar and illiterate there is a ſtrong prejudice againſt the practice of bleeding women in child-bed, it being a popular opinion, that bleeding ſtops the lochia, and proves certain deſtruction to every one that undergoes it.

And I felt this prejudice in its full force, when

when I had not courage to take more than twelve, or fourteen, or even ſixteen ounces of blood from my patients. But when I had reſolution to take twenty or twenty-four ounces at one bleeding, I diſregarded it, becauſe I was ſure that that quantity, taken away within ſix or eight hours after the attack, would certainly cure the diſeaſe, and that of courſe there would be no clamour againſt bleeding. But when I was not called at the beginning, or ſoon after the attack of the diſeaſe, when the ſucceſs of bleeding was uncertain, I did not bleed at all.

In this manner, at laſt, I fairly got the better of a prejudice, which I thought invincible; for, when people ſaw, that all who were bled recovered, and that almoſt all, who were not bled, died, even thoſe, who were moſt prejudiced againſt bleeding, were compelled to be ſilent. And thus, I had the ſatisfaction to ſee the voice of clamour effectually ſilenced.

But twenty or twenty-four ounces, which I have limited as the quantities requiſite for the cure of the Puerperal Fever, will not be thought

thought too large a bleeding, by ſuch practitioners as have been accuſtomed to ſee the large quantities of blood, which pregnant women ſometimes loſe, with ſafety, in caſes of flooding. In ſuch caſes, I have frequently ſeen women loſe from two to upwards of four pounds of blood, in the ſpace of a few hours: and yet theſe patients had good recoveries, and were the only women, delivered by me, who eſcaped the Puerperal Fever, in the epidemic ſeaſon *.

Beſides, the quantity of blood, neceſſary for the cure of the Puerperal Fever, is not near ſo

* Since this work was finiſhed, I was called to the wife of Thomas Paterſon, in Gilcomſton, who, at the commencement of labour, had loſt four pounds of blood, before medical aſſiſtance was deſired. Being engaged with a caſe of difficult labour, I ſent Mr. Booth and Mr. Morgan, my pupils, on purpoſe to deliver her; but ſhe would not allow them to proceed, before I viſited her. In the mean time, ſhe loſt about two pounds more. So that, before ſhe was delivered, this woman loſt ſix Engliſh pints of blood: and yet, notwithſtanding this profuſe hemorrhagy, in three weeks ſhe was able to walk to my houſe, the diſtance of a mile, to return thanks, when ſhe was perfectly recovered, and had a thriving infant on the breaſt!

great, as that recommended by ſome practitioners of the firſt rank, for the cure of other diſeaſes. Both Hippocrates and Galen bled very largely, when occaſion required, the latter ſometimes taking away ſix pounds of blood with manifeſt advantage; and he, and other ancient phyſicians, did not heſitate to bleed *ad deliquium* in fevers. The illuſtrious Sydenham ſays, that he has ſeldom known a confirmed pleuriſy cured, in grown perſons, without the loſs of about forty ounces of blood; and both Cleghorn and Huxham uſed to take away a ſtill greater quantity in the ſame diſeaſe. Dr. Cullen ſays, that a man of tolerable ſtrength may loſe from four to five pounds of blood, in the courſe of two or three days, for pneumonic inflammation.

Now, when I was called early to patients in the Puerperal Fever, and had courage to take away twenty-four ounces, at one bleeding, I never failed, at once, to cure the diſeaſe. No. 58, 60, 62, 70, 72, 75, and 77, are inſtances of the truth of this.

I was called to Elſpet Robertſon, No. 58, a few

a few hours after the attack of the Puerperal Fever, which took place on the day after delivery. This patient complained of a very acute pain in the abdomen, which had ſucceeded a ſevere rigor, or ſhivering fit, and the pulſe was at the rate of 160. She was bled to the extent of twenty-four ounces, and got a purgative at two o'clock in the afternoon immediately after the bleeding, which produced ſix or ſeven plentiful motions. And when I ſaw her, at eight o'clock in the evening, to my great ſurpriſe, the pulſe had come down from 160 to 108, and the pain of the abdomen was gone. Next morning, when I called, I found her without fever, pain, or any other complaint.

I was called to Mrs. Thomſon, No. 60, in ſimilar circumſtances. She was treated exactly in the ſame manner, and the ſame ſucceſs attended the treatment.

An expreſs came for me, one night, to go to the Printfield to Mrs. Forbes, No. 62, who had been ſeized with the Puerperal Fever, which made rapid progreſs, and was at-

tended with ſymptoms, which alarmed the patient's friends, and made them ſend for me. I diſpatched Mr. John Gordon, and Mr. Joſeph M'Rae, with inſtructions how to act; and they managed the caſe with great propriety, for, when they had taken away about twelve ounces of blood, the patient fainted: but the young gentlemen were not alarmed at that, but waited till ſhe recovered, when they took away other twelve ounces; and, after the bleeding, they gave a briſk purgative, which operated well, producing ten or twelve plentiful motions.

When I viſited the patient, next day, I found, that both the fever and pain of the abdomen were totally gone.

The attack of the Puerperal Fever, in this caſe, was on the day after delivery, in the afternoon, and ſhe was bled, and got the purgative, within ſix or eight hours after the commencement of the diſeaſe.

Thus, I found that twenty-four ounces of blood, taken away at one bleeding, within ſix

or

or eight hours after the attack of the diſeaſe, together with a ſingle purgative, never failed, at once, to cure the Puerperal Fever. But when a leſs quantity was taken away, I either failed in curing the diſeaſe, or could not accompliſh a cure without a courſe of purging.

Next to bleeding, therefore, purging conſtitutes a principal part of the cure of the Puerperal Fever, and this is the outlet by which nature, when left to herſelf, attempts her own relief.

After bleeding, therefore, it was my practice to give ſome active purgative, on purpoſe to bring on a diarrhœa, which, when excited, I found neceſſary to continue through the whole courſe of the diſeaſe, till it was entirely conquered.

When the diſeaſe was early combated, and treated in the manner mentioned, I either cured it at once, or brought it to a remiſſion on the third day. Now, this remiſſion on the third day is very ready to impoſe upon inexperienced practitioners, inducing them to give

a favourable prognoſis, and to deſiſt from further purging, upon a ſuppoſition that the danger is over. But the event will convince them of their miſtake; for, unleſs the advantage thus gained be improved, by a continuation of purgatives, it will be found, that the remiſſion is only a reſpite, during which, the diſeaſe is preparing ſtrength to return again, in order to renew the conflict with redoubled vigour, when it will not be in the power of art to check its impetuoſity. Like an enemy who retreats, on purpoſe to take the firſt opportunity of rallying on more advantageous ground, when the conteſt is renewed with tenfold fury.

The purging, therefore, is to be early excited, and to be continued without intermiſſion, till there be a complete termination of the diſeaſe, which generally happens on the fifth day.

And here again new difficulties preſented themſelves; for I met with as much oppoſition in regard to purging as bleeding, for popular opinion was as much againſt the one as the

other. I was, therefore, under the neceſſity of giving my purgatives in a concealed way. For ſome time, I gave powder of jalap, or ſyrupus de rhamno, in the proportions of a dram of the former, or two ounces of the latter, in ſix ounces of the ſaline mixture, of which the patient took an ounce at proper intervals. But this medicine I found to anſwer better for continuing, than for introducing the diarrhœa; for which reaſon, the preference was given to others which I found more effectual. And it is a matter of the utmoſt moment, to preſcribe ſuch purgatives as will operate with all poſſible ſpeed. After trying a great variety, I found that moſt dependence was to be put in calomel and jalap; three grains of the former and two ſcruples of the latter were mixed with conſerve of roſes, and made into a bolus, which I always adminiſtered immediately after bleeding, without giving the leaſt intimation of the intention of the medicine, either to the patient or her friends. This medicine commonly operated ſpeedily and briſkly, and never diſappointed me, as other purgatives frequently did; and the diarrhœa, thus begun, was afterwards

continued by the purging mixture already mentioned, which was given, in ſuch proportions, as to produce five or ſix motions every day, without intermiſſion for the firſt three days of the diſeaſe; after which I diminiſhed the doſe, but ſtill continued the medicine, till the diſeaſe totally ceaſed. Every night, I adminiſtered an opiate, in order to give a reſpite to nature, and ſtrength to the patient, to enable her to bear the evacuations, which ſhe muſt neceſſarily undergo the enſuing day.

In this manner I treated my patients, and the ſame method, if followed by others, will, I am confident, be attended with equal ſucceſs. It may, perhaps, be thought a ſevere method of cure, but I can affirm, from extenſive experience, that no other method will cure the Puerperal Fever. The cure is ſevere, but it is only ſhort, for the patient is cured in a few days, or not at all.

"Cita mors venit, aut victoria læta."

All the patients, who were early and largely bled, and plentifully purged, recovered. On the

the contrary, all died who were ſparingly bled, and in whom we could not excite a diarrhœa in the beginning of the diſeaſe; as in No. 1, 2, 3, 5, 6, 9, 17, 18, 19, 22, 24, 25, 26, 27, 32, 37, 38, 42, 43, 45, 55, of the caſes in the foregoing table.

The propriety of purging, in the Puerperal Fever, was clearly pointed out to me by nature, in the caſe of Janet Wier, No. 11.

I was called to this patient, about twenty hours after ſhe had been attacked with the Fever. She told me, that the diſeaſe began, the day after delivery, with a ſevere ſhivering. The abdomen was tumefied and painful to the touch; but the pain was moſt ſevere in the right ſide; her pulſe was at the rate of 140, and hard. Sixteen ounces of blood were immediately taken away, which gave her great relief, and a purgative was alſo given. The blood had a thick inflammatory cruſt; and the purgative operated well. The cure, which was begun by art, was carried on by nature; for a diarrhœa continued without intermiſſion for ſeventeen ſucceſſive days, and

was

and was extremely violent, being at the rate of twenty or thirty ſtools every day. The violence of the diarrhœa made me endeavour to reſtrain it, but to no purpoſe. For nature, bent on conqueſt, and diſdaining the impediments of art, ſeemed determined to continue her career, till ſhe came off victorious. And, if it be admitted, that diſeaſe is a conflict of nature fighting for her ſafety, this was one of the warmeſt conteſts I ever had an opportunity of witneſſing. I frequently thought that the patient was irrecoverably ſunk, and ready to expire; but ſtill ſhe revived again, and the conflict was renewed. And, after an unparalleled ſtruggle of ſeventeen days, the fever ceaſed, and the diarrhœa abated. But though the diarrhœa abated, it did not entirely ceaſe; for it continued, though in moderation, for the ſpace of ſix weeks; and having completely carried off the diſeaſe, it then ceaſed ſpontaneouſly. And what is very remarkable, after all ſhe had milk in her breaſts, and nurſed her child, which ſhe kept at the breaſt for the long period of fifteen months.

Bleeding and purging are the two great hinges,

hinges, upon which the cure of the Puerperal Fever turns. Sweating is both uncertain and difficult to be excited; blisters seem rather to do hurt than good by the irritation they occasion; warm fomentations, which are so commonly used by practitioners, are of no great service, and when applied too hot they evidently increase the pain and quicken the velocity of the pulse. In short, the only proper method of curing the Puerperal Fever is, by large bleeding early in the disease, and plentiful purging, with the interposition of opiates.

But though bleeding be the principal, and most effectual of all remedies, yet its efficacy is limited to the beginning of the disease. However, I think that it may be successful, and ought to be tried at a later period than I could venture, on account of the prejudices of the people among whom I practised, which compelled me to be extremely circumspect.

After much experience in the disease, and mature deliberation concerning the conduct most proper to be pursued, in my peculiar situation, I came to the following resolution:

If

If called to a caſe within twelve hours after the attack, I inſiſted on bleeding the patient, and promiſed for its ſucceſs; but if at a later period, viz. from twelve to twenty-four hours after the attack, in that caſe, like Sydenham with the ſame remedy in the ſmall-pox, I thought it incumbent on me to propoſe it as the only effectual remedy, but I neither inſiſted on it, nor promiſed for its ſucceſs.

Purging, the other principal remedy for curing the Puerperal Fever, is not ſo circumſcribed in its application as bleeding; for it is well adapted to all the different ſtages, or periods, of the diſeaſe, and is the evacuation to which nature herſelf gives the preference; being the only proper critical, or ſalutary diſcharge, that takes place in the Puerperal Fever.

If the diſeaſe has been neglected, or improperly treated, in the beginning, the event is for the moſt part fatal; for the inflammation continuing to increaſe, terminates in ſuppuration, or gangrene. At any rate, conſiderable extravaſation takes place in the cavity of the abdomen;

abdomen ; and the diſeaſe, which was inflammatory in the beginning, becomes putrid in its progreſs.

In this ſtage of the diſeaſe moſt authors have recommended the uſe of tonic and antiſeptic medicines ; but my experience authoriſes me to put little confidence in them. For the ſource of the poiſon is in the cavity of the abdomen, for which there is no antidote in the *materia medica*.

" Dic, quibus in terris, et eris mihi magnus Apollo."

This deep ſeated poiſon cannot be corrected, in any other way, than by being carried out of the body. But there is no direct outlet from the cavity of the abdomen, and the only channel is by a long circuit, or indirect courſe through the abſorbents into the circulation, and out of the ſyſtem by the common excretories. For the abſorbents are capable of imbibing the extravaſated poiſon, and carrying it into the ſyſtem, from which it is moſt readily diſcharged by the inteſtinal canal. Now this method nature frequently attempts

attempts by exciting a diarrhœa, and the practitioner, in imitation of nature, muſt purſue the ſame intention, by giving purgatives, if a ſpontaneous diarrhœa has not taken place.

That nature ſometimes ſucceeds in this way, we have a remarkable inſtance in the caſe of Janet Wier, already deſcribed.

Before I finiſh this chapter, I think proper to mention the event of this diſeaſe in the hands of thoſe, who treated it with wine and cordials, without either bleeding or purging their patients. And I took particular notice that all the women died, who were attended by ſuch practitioners. Yet their practice was praiſed, though it always failed, becauſe it was pleaſant, and correſponded with popular opinion: whereas my practice was blamed, though always ſucceſsful, becauſe my method of cure had the appearance of ſeverity.

I wiſh the reader to take notice that I do not aſſert this on purpoſe, or in ſuch a way as to injure the character of any individual; for I mention no name. But I conſider it as a

ſacred

ſacred duty, a matter of conſcience, to mention every circumſtance relating to the ſubject. And as the lives of thouſands are at ſtake, the leſs apology is neceſſary. The maxim of every author ought to be the ſame with that of Ariſtotle, who ſays, "Plato is "my friend, but truth much more." And, in this inſtance, I eſteemed the men, though I diſapproved of their practice.

I ſhall finiſh the chapter with obſerving, that though the cure turns upon bleeding, yet it is to be done *early* and *largely*, or not at all; that purging can never be omitted with impunity: and that, if any one neglect to excite an artificial, or venture to reſtrain a ſpontaneous diarrhœa, or give cordials early in the diſeaſe, he will certainly loſe his patient.

CHAP.

CHAP. VII.

PREVENTION OF THE DISEASE.

CONSIDERING the many difficulties and the oppoſition which I met with in curing the Puerperal Fever, it will be readily believed, that I ſhould be extremely ſolicitous to diſcover a preventive for the diſeaſe. And, though I was very diligent in this ſearch, yet my endeavours were for a long time unſucceſsful. For thoſe means, which have been recommended by authors, were found altogether inadequate to the purpoſe. And, for this reaſon, I hope I ſhall be pardoned for conſidering them as the ſuggeſtions of theory, which will not ſtand the teſt of experience; my experience authorizing me to ſay, that thoſe, who truſt to them, will be greatly diſappointed.

Thoſe,

Thoſe, who propoſe to prevent the Puerperal Fever, muſt have two intentions in view. The one is, to prevent the infection from being communicated; and the other is, after the infection has been communicated, to prevent its action.

My endeavours were entirely directed to this laſt purpoſe; for the Puerperal Fever had prevailed for ſome time, before I diſcovered that it was infectious: and after this diſcovery was made, I ſaw the danger of diſcloſing the fatal ſecret.

With reſpect to the moſt effectual means of preventing the infection from being communicated, I muſt ſpeak with great uncertainty, becauſe in this matter I have not experience for my guide. When treating of the cauſe, the nature, and cure of the diſeaſe, I ſpoke with the utmoſt confidence, becauſe I had experience and facts for my guide; but here thoſe ſure guides are wanting, and therefore I ſpeak with diffidence.

Whether the infection of the Puerperal

Fever is capable of being deſtroyed by the ſame means as that of other Fevers, I cannot affirm with certainty; but think it very probable, and that they ought to be tried.

That freſh air and cleanlineſs are inſufficient for the deſtruction of contagion, and that there is no certain antidote but fire and ſmoke, has been demonſtrated by the ingenious Dr. Lind. This excellent author has proved, that fire and ſmoke are the moſt powerful agents for annihilating infection; and, as he thinks, even the plague itſelf.

The methods which he recommends for the purification of infected chambers, and for the fumigation of infected apparel, may be ſeen by peruſing his ingenious papers on fevers and infection, to which I refer the reader.

The ſame means ought to be practiſed, for preventing the infection of the Puerperal Fever. The patient's apparel and bed-clothes ought, either to be burnt, or thoroughly purified; and the nurſes and phyſicians, who have attended patients affected with the Puerperal Fever,

Fever, ought carefully to waſh themſelves, and to get their apparel properly fumigated, before it be put on again.

So much with reſpect to the method of preventing the infection of the Puerperal Fever from being communicated. I ſhall next conſider the means of preventing the action of that infection, after it has been communicated; and on this head I ſpeak with proper confidence, becauſe I ſpeak from experience, the ſureſt teſt of medical truth. And as I have already mentioned, I found myſelf diſappointed when I truſted to thoſe means, which have been recommended by ſome authors of conſiderable reſpectability. For, neither antiſeptic nor tonic medicines, nor ſuch as obviate ſenſibility, or irritability, were found effectual. Conſequently, bark, wine, opium, &c. will diſappoint thoſe who put their confidence in them.

I found, likewiſe, that neither the greateſt care, the beſt of management, nor the ſtricteſt attention to regimen, were ſufficient to prevent it.

After many unſucceſsful trials, I began to think, that thoſe means which cured the Puerperal Fever would *à fortiori* prevent it. Bleeding, therefore, occurred to me as the moſt probable means of preventing the Puerperal Fever; but I was unwilling to have recourſe to it as a preventive, becauſe, if it failed, I was, by that means, deprived of the only certain remedy for the cure. And ſuch was the prejudice againſt bleeding, that if I had uſed it as a preventive, and it had failed, I ſhould not have been permitted to repeat the operation afterwards, at the attack of the diſeaſe, when it was indiſpenſably neceſſary.

I was therefore compelled to reſt contented with purging; and the purging bolus, which was ſo effectual in the cure, was equally efficacious as a preventive. This bolus was given the day after delivery, in the morning, and it either prevented the diſeaſe altogether, or anſwered this good purpoſe, that the cure was anticipated before the attack of the diſeaſe.

In ſhort, all, who got the medicine, either eſcaped the diſeaſe, or were eaſily cured if they

did not. Indeed, all, who got it, eſcaped, except James Davidſon's wife, No. 52, who got the bolus the day after delivery, which purged her briſkly; but ſhe was, notwithſtanding, ſeized with the fever on the third day, about five o'clock in the afternoon. Being in the country, I did not ſee her till eight, when her pulſe was 140, attended with the uſual ſymptoms of pain in the abdomen, &c. The bolus was repeated, and twenty-four ounces of blood taken away, by which the diſeaſe was at once cured.

APPENDIX,

CONTAINING

PRACTICAL REMARKS

ON THE

PUERPERAL FEVER.

THAT popular opinion and the doubts of many practitioners, with reſpect to the propriety of bleeding women in child-bed, are ill founded, I have proved in the preceding treatiſe.

This opinion ſeems to have ariſen from an idea, that the ſyſtem, after delivery, is in a ſtate of inanition. But that the ſyſtem on this occaſion, ſo far from being in a ſtate of inanition, is, on the contrary, in a plethoric ſtate, muſt appear evident to every attentive

obſerver. For, during pregnancy, the menſes are retained, and there is a great quantity of blood derived to the uterus, which, if not diſcharged after delivery, muſt be redundant, and occaſion plethora. Now, in order to obviate this plethora, or ſuperabundance of blood, nature, in her wiſdom, has thought proper to excite the lochial diſcharge, and to determine to the breaſts by the ſecretion of milk. And as, in the Puerperal Fever, the latter is frequently diminiſhed, and the former wholly ſuppreſſed, theſe circumſtances undoubtedly indicate, *à priori*, the propriety of bleeding. But it is unneceſſary to reaſon upon a point, which is aſcertained by experiment.

The propriety of bleeding in the Puerperal Fever being eſtabliſhed, does it follow that it ought to be practiſed in every caſe?

This queſtion is the more pertinent, becauſe there are many rules and cautions laid down by practitioners on the ſubject; and a celebrated writer on this diſeaſe tells us, that "there are ſome caſes where bleeding is very

"neceſſary,

" neceſſary, and others where it is highly im-
" proper *."

Now, in my judgment, bleeding is proper in every caſe; for, whenever the diſeaſe is diſtinctly marked, I hold bleeding to be indiſpenſably neceſſary in every caſe, being decidedly of opinion, that it can never be omitted with impunity.

Bleeding I conſider as proper in all caſes, at the beginning of the diſeaſe; and the indications for it are more urgent than in pneumonic inflammation, where its propriety has never been queſtioned.

And it is ſtrange that there ſhould be any doubts about the propriety of the ſame remedy in abdominal inflammation, which is much more dangerous than the other. For, in pneumonic inflammation, there is a direct outlet, whereby the matter can be diſcharged, ſuppoſing a ſuppuration to take place; but there

* Hulme on the Puerperal Fever, p. 76.

is

is no direct outlet, whereby purulent matter can be discharged from the cavity of the abdomen. Consequently, bleeding is, *à fortiori*, much more pressingly indicated in the Puerperal Fever than even in pneumonic inflammation.

We are directed by Doctors Hulme and Leake to form our judgment from the pulse *. But I assert, in the most peremptory manner, that, if practitioners allow themselves to be guided by the pulse, they will run into a fatal error; because the pulse is more frequently weak and feeble, than strong and full, even at the beginning of the disease. Yet, I bled notwithstanding, with great success; and, contrary to what might have been expected, the pulse, instead of being thereby weakened, became more full and strong than before.

The conduct of practitioners must be governed by the stage of the disease, and not by the state of the pulse. And I have found

* Hulme on Puerperal Fever, p. 76. Leake on Puerperal Fever, p. 105.

Huxham's obſervation, with reſpect to the pulſe in pneumonic inflammation, ſtrictly true in the Puerperal Fever. "Pulſus enim haud-"quaquam in hoc morbo hujus ſatis fidus eſt "index *." For when the pulſe ſeems to ſink in the beginning, that circumſtance depends upon oppreſſion, and not weakneſs, and, therefore, urgently requires bleeding.

Practitioners muſt beware of being impoſed upon by the ſtate of the pulſe; for, as Dr. Leake has very properly obſerved, there is a great difference between nature oppreſſed and nature exhauſted.

Bleeding muſt, therefore, be performed without regard to the ſtate of the pulſe, if the other circumſtances of the caſe require it, and the ſtage of the diſeaſe admit it. The circumſtances of the caſe which require it may be known, by the preſence of thoſe ſymptoms deſcribed in the ſixth chapter, which are ſo unequivocal, that they can ſcarce be miſtaken. The ſtage of the diſeaſe, which admits it, is likewiſe very explicitly deſcribed

* Huxham De Aere et Morb. Epidem. vol. ii. p. 67.

in

in the ſame chapter, where the reader will find it reſtricted to the beginning.

The propriety of bleeding being admitted, the quantity proper to be taken is a great deſideratum in practice. This, though a matter of the utmoſt importance, has not been determined by writers; and I have attempted to ſupply this deficiency, in the preceding treatiſe. It is true, Doctors Denman and Leake have both recommended large bleeding in the Puerperal Fever: but the former has left the quantity undetermined; and though the latter in his writings has recommended copious bleeding, yet in practice we find him taking away only eight or ten ounces. It, therefore, by no means ſurpriſes me, that he loſt ſo many patients; for, till I took away more than double that quantity, I had no better ſucceſs than Dr. Leake. And Doctor Hulme has given us a precept in regard to this matter, which my experience authorizes me to reverſe. The precept is, "rather to "err in point of bleeding too little than of "bleeding too much *." For, I am tho-

* Hulme on Puerperal Fever, p. 77.

roughly

roughly convinced from much experience, that there is far greater danger to be apprehended, from bleeding too little than from bleeding too much. The firſt error would be fatal, whereas the laſt would produce only a temporary weakneſs unattended with danger.

The quantity of blood, proper to be taken away in the Puerperal Fever, I have limited to twenty or twenty-four ounces. Now any woman of tolerable ſtrength can very well bear the loſs of twenty-four ounces of blood, and twenty ounces will not materially hurt even one that is weak. And I found, that all thoſe, who were bled to that extent in the beginning of the diſeaſe, had ſpeedy and perfect recoveries.

In ſhort, my experience with reſpect to bleeding in the Puerperal Fever, correſponded with that of Cleghorn in pleuriſy. "It "was remarkable," ſays that author, "to ob- "ſerve how quickly the ſick recovered their "uſual health and ſtrength, notwithſtanding "the great loſs of blood they had ſuſtained; "while many, who had been bled more ſpar-

"ingly,

" ingly, continued in a languid infirm ſtate " for months *."

This was preciſely the caſe in the Puerperal Fever, with this difference only, that thoſe who were ſparingly bled, inſtead of having ſlow recoveries, did not recover at all.

Beſides, the quantity of blood, which I have limited as neceſſary for the cure of the Puerperal Fever, added to that loſt by the lochial diſcharge, does not exceed the quantity directed by Sydenham for the cure of pleuriſy, and falls ſhort of that recommended by Huxham, Cleghorn and Cullen, for the ſame diſeaſe, and far ſhort of the quantity taken away by Galen and the ancients in fevers.

I have been the more particular in regard to bleeding, becauſe the propriety of it has been much queſtioned, and its promiſcuous uſe highly cenſured by ſome practitioners.

" It is allowed that theſe fevers ſometimes

* Cleghorn on the Epidemic Diſeaſes of Minorca, p. 261.

" ariſe

" ariſe even after large uterine effuſions;
" ought we then to expect to cure a diſorder
" by bleeding, which bleeding would not pre-
" vent?" ſays one *.

" It is an axiom in phyſic, that a remedy
" which cures any diſorder, will always prove
" a prophylactic againſt it; and therefore if
" bleeding were the proper cure in the Puer-
" peral Fever, the diſeaſe ought to have been
" prevented by a large evacuation of blood,
" when that happened previous to its ſeizure,"
ſays another †.

Thoſe gentlemen themſelves know beſt, on what foundation their opinion is grounded; but, for my part, I found, that large uterine effuſions invariably prevented the epidemic Puerperal Fever, which I have deſcribed. For I was called to ſeveral caſes of flooding in time of labour, and I obſerved, that thoſe were the only women, delivered by me, who

* Mr. White on the Management of Pregnant and Lying-in Women, p. 219.

† Dr. Manning on Female Diſeaſes, p. 371.

eſcaped

eſcaped the Puerperal Fever, in the epidemic ſeaſon. This was too remarkable to eſcape my notice; and it may be eaſily accounted for.

The common lochial diſcharge does not prevent, but occaſion it, by opening a channel for the infection to enter. But when the ſame diſcharge proceeds to a flooding, or when that has happened during labour, it obviates the effects of that infection, by preventing inflammation, which is the immediate conſequence of ſuch infection.

The circumſtances, which ſeem to have deterred practitioners from bleeding, are, apprehenſion of putrefaction, and the dread of debility. But that ſuch fears are groundleſs, I am warranted to aſſert from extenſive experience. For thoſe, who were bled moſt largely, had the moſt ſpeedy and perfect recoveries; and as to putreſcency, it never appeared, but when the diſeaſe had been neglected or improperly treated; for, as I have already obſerved, the Puerperal Fever is always inflammatory at the beginning, and becomes

comes putrid only in its progreſs. And, if we cure the inflammation by early bleeding and purging, we infallibly prevent the putreſcency, becauſe we prevent the abdominal ſuppuration, on which the putrid ſymptoms depend.

But the foregoing work treats only of the epidemic Puerperal Fever; and, it may be ſaid, that the treatment proper for it is improper in the other ſorts of that diſeaſe, of which there is a great variety, each of which will require a different method of cure.

In regard to this matter, I ſhall obſerve, that various cauſes may produce the Puerperal Fever, and that it differs in degree in different patients; but ſtill it ought to be conſidered as the ſame inflammatory diſeaſe, differing only in the degree of inflammation. I am, therefore, of opinion that all the different varieties of the diſeaſe require, if not the ſame, at leaſt a ſimilar, method of treatment. For, though a few caſes may be ſo mild as to require nothing more than purging, yet moſt are ſo violent as to be

manageable only by copious bleeding and purging, early in the diſeaſe. But, in all doubtful caſes, it is better to uſe both, than to truſt to one of theſe remedies.

I have ſeen ſeveral caſes of Puerperal Fever ariſing from different cauſes, both before the commencement and ſince the ceſſation of the epidemic conſtitution; and I have invariably found that it was moſt ſucceſsfully treated by the method recommended in chapter 6, viz. by bleeding and purging.

I have added one caſe to the table, though it occurred after the epidemic was at an end.

The cauſe of the Fever, in this caſe, was the application of putrid matter to the uterus from a fœtus which had been retained for a conſiderable time after death, and was in a very corrupted ſtate.

This patient was ſeized with a ſhivering fit, the third day after delivery, to which ſucceeded a violent pain in the abdomen, with

with a very quick pulſe, which did not beat leſs than 140 ſtrokes in a minute.

She was bled to the amount of twenty-four ounces, and got purging medicines, which were continued till the diſeaſe was brought to a criſis, which happened on the fifth day.

That putrid matter is capable of producing an inflammatory diſeaſe is a poſition, which, perhaps, will be queſtioned by many readers. Be that as it will, its truth is proved both by diſſection and inoculation for the ſmall-pox; for if matter be taken from the moſt malignant ſmall-pox, and applied to the arm of a perſon who never had the diſeaſe; it produces inflammation in the part to which it is applied, and, afterwards, (provided the patient has been properly prepared) a diſtinct ſmall-pox of the mildeſt kind.

And, if in the diſſection of a putrid body, a ſurgeon ſcratch his finger, the part feſters,

that is, inflames and ſuppurates; and if a fever ſhould be the conſequence, it is inflammatory in the beginning, and only ultimately putrid. And further, if ſuch a fever be properly treated in the beginning, it never becomes putrid at all.

In like manner, if putrid matter be applied to the uterus, it inflames that organ and the contiguous viſcera; that is, it gives riſe to the Puerperal Fever, which is uſhered in with a cold ſtage, and ſucceeded by a very rapid pulſe and acute pain in the abdomen.

I have had an opportunity of ſeeing many caſes of this kind, and all of them were ſucceſsfully treated by bleeding and purging; the blood conſtantly exhibiting a very thick inflammatory cruſt, with other ſymptoms of inflammation.

We find the greateſt variety of Puerperal Fever in Doctor Kirkland's Treatiſe on this Diſeaſe, and accordingly the treatment, which varies

varies with the cauſe, is ſo complicated that it cannot fail to perplex inexperienced practitioners.

But, if I were permitted to give my opinion, I could prove, from an obſervation made by the author himſelf, that all the different varieties which he deſcribes require the ſame treatment.

This author's words are,

"I believe it is a certain fact, whatever "may be the cauſe of a Puerperal Fever, "that within a limited time the whole ab- "domen is more or leſs inflamed, becauſe "the belly always turns green and putrid "in a very ſhort time after death, in the "ſame manner as we find it happen to thoſe "who have died of an inflammation of the "bowels *."

Thus, whatever be the cauſe of the Puerperal Fever, the cauſe of death is the ſame

* Dr. Kirkland on Child-bed Fevers, p. 55.

in

in all its varieties, viz. abdominal inflammation; and therefore the cure muſt be conducted on the ſame principle, or that which is calculated to obviate this inflammation, for which reaſon all of them require the ſame or a ſimilar treatment.

If young practitioners think proper to be guided by my experience, which I am inclined to think will not miſlead thoſe who truſt to it, I would lay down the following brief rule for their direction.

Whenever a lying-in woman complains of a fixed pain in the abdomen, attended with a quick pulſe, a practitioner ought immediately to bleed and purge his patient, without perplexing himſelf about the cauſe of the diſeaſe.

I have had an opportunity of attending a great number of caſes of Puerperal Fever, ariſing from various cauſes beſides contagion; for I have ſeen it produced by cold, by fear, by errors in diet, by too early fatigue, and premature endeavours to appear well,

well, by the application of putrid matter to the uterus, &c. But I attended to the ſymptoms without being ſolicitous about the cauſe. And, whenever a patient complained of a fixed pain in the abdomen, attended with fever, I bled and purged her without regard to the cauſe. And I found this treatment equally ſucceſsful in every caſe, when thoſe ſymptoms were preſent, whatever was the cauſe of the diſeaſe.

In order therefore to treat the Puerperal Fever in a ſucceſsful manner, practitioners muſt be guided more by the ſymptoms than the cauſe.

But, beſides the propriety of bleeding, the diarrhœa, which ſo frequently takes place in the Puerperal Fever, has been, in like manner, the ſource of no little controverſy among phyſicians; ſome conſidering it as critical, and others as ſymptomatic.

Were I permitted to interpoſe my opinion, I ſhould not heſitate to aſſert that the diarrhœa,

rhœa, which takes place in this diſeaſe, is entirely critical.

I am decidedly of opinion that the diarrhœa, in the Puerperal Fever, is always either critical, or an effort to a criſis. It is an attempt made by nature to cure the diſeaſe, which, in the beginning, has a tendency to carry off the abdominal inflammation, and, in the progreſs of the diſeaſe, to evacuate the ſerum, that may happen to be extravaſated in the cavity of the abdomen. And, though it may fail in theſe purpoſes, yet the ſalutary tendency of the diſcharge is ſufficiently obvious. My opinion, in this matter, is ſupported by an extenſive experience.

A ſpontaneous diarrhœa proved completely critical in the caſe of Janet Wier, No. 11, and in ſeveral others. And by this leſſon, which nature taught me, I profited very much; for, after bleeding at the beginning, it was by an artificial diarrhœa alone, that I was able to bring the diſeaſe to a favourable termination. And, in all the caſes, in which I could not excite

excite a diarrhœa by purgatives at the beginning of the diſeaſe, the event was fatal.

In this point I differ in opinion from Doctors Leake and Home, who maintain that the diarrhœa, which takes place in the Puerperal Fever, is ſymptomatic. The opinions of Doctors Leake and Home are no doubt very reſpectable; but I am authorized to differ from them, not only on the ground of my own experience, but even on that of theirs. For though both theſe phyſicians aſſert, that the diarrhœa in the Puerperal Fever is ſymptomatic; yet any one who reads Dr. Leake's caſes, will ſee that four of ſix, who were the only ſurvivors out of nineteen, in the epidemic ſeaſon, owed their recovery to a critical diarrhœa.

And, of the two caſes recorded by Dr. Home, Myrtle, who recovered, owed her recovery to a critical diarrhœa, while Reid died for want of it. Dr. Home's words are:— "Myrtle had a diarrhœa from the beginning. "Reid on the contrary was coſtive, and a di-

" arrhœa could not be excited even by purga-
" tives for ſome days *."

An artificial diarrhœa proved critical in the ſoldier's wife, mentioned in Dr. Denman's Eſſay on the Puerperal Fever; for, after getting the antimonial powder, " ſhe had ſeven-
" teen ſtools, like yeaſt in appearance, with-
" in ſix hours after the repetition of the pow-
" der †."

And a ſpontaneous diarrhœa proved critical in the tradeſman's wife mentioned in the ſame Eſſay, after continuing ſix days ‡.

With reſpect to the efficacy of emetics in curing the Puerperal Fever, as practiſed by M. Doulcet of Paris, I can ſay nothing from my own experience. The ſucceſs of this method has been ſo much extolled, that I had a a ſtrong inclination to try it; but popular opinion was ſo much againſt this practice, that I could not venture without running the hazard of univerſal oppoſition. And

* Dr. Home's Clinical Experiments, p. 68 and 87.
† Dr. Denman on the Puerperal Fever, p. 31.
‡ Id. ibid. p. 36.

there

there was no temptation to run any riſk, or to try the effects of doubtful medicines, becauſe I had already diſcovered a certain remedy for the diſeaſe, in bleeding and purging.

Beſides, the ſucceſs of emetics is confined to the very inſtant, or moment of attack, at which I never happened to be preſent, in any caſe. And ſo powerful were the prejudices of the people, in this city, againſt the practice of exhibiting vomits to lying-in women, that there would not have been found a nurſe, or midwife, to give ſuch a medicine if it had been propoſed. At the ſame time, I can readily believe, that emetics are not only innocent, but may be given with advantage, at the beginning, or during the cold ſtage, which uſhers in the diſeaſe, when the blood is accumulated in the internal parts. The effort of vomiting, therefore, at that time, by determining the circulation to the ſurface of the body, unloads the internal parts, and thereby prevents the abdominal inflammation, which would otherwiſe take place. But after the diſeaſe has ſubſiſted for ſome time, and inflammation taken

taken place, emetics, by agitating the syſtem, have a tendency rather to aggravate than mitigate the malady.

FINIS.

ERRATUM.

Preface, p. 8, laſt line, for *the ſame treatment*, read *a ſimilar treatment*.